

**\_SYS AJCC ID, Date of Diagnosis, CoC Flag (SEER)**

## **\_SYS AJCC ID, Date of Diagnosis, CoC Flag (SEER)**

Agency: SEER

Last changed: 09/20/2018 13:47:58

*Edit Tag* N4203

### ***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

### ***Description***

\_SYS in edit name indicates an edit on system-generated data items. The edit is intended for use by software vendors in testing the accuracy of algorithms used to assign AJCC ID, and for use by central registries in verifying the quality of submitted data.

The edit is skipped for any of the following:

- Diagnosis date is blank (unknown) or invalid.
- CoC Accredited Flag is not = 1.

AJCC ID is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

The edit checks that AJCC ID is blank for pre-2018 diagnoses and is coded for 2018 and later diagnoses.

Another edit, \_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR), checks that the AJCC ID is assigned correctly by primary site, histology, and behavior for 2018+ diagnoses.

### ***Administrative Notes***

New edit - NAACCR v18A metafile

## **\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

Agency: NAACCR

Last changed: 08/28/2019 20:12:42

*Edit Tag* N2843

### ***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

### ***Description***

This edit checks that the AJCC ID is valid for the site, histology, behavior, and schema discriminator(s) if required. AJCC ID is used to identify site,

**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

histology, and behavior combinations by AJCC 8th Edition chapter. If there is an edit failure, the problem may lie in coding or a registry software issue, as AJCC ID is derived from the coded component variables and is not itself directly coded. Other edits check on the validity of codes of the component variables, though invalid codes will also cause this edit to fail.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
2. Primary Site is blank
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 is blank
5. AJCC ID is blank

AJCC ID is assigned for Behavior Code ICD-O-3 = 3 for all primary site and histology combinations listed below. AJCC ID is assigned for other values of Behavior Code ICD-O-3 as shown. The assignment of an AJCC ID does not determine reportability requirements with respect to Behavior Code ICD-O-3; consult standard setter requirements for reportability questions. The edit is passed if an AJCC ID is assigned for a benign histology that is not considered reportable and is not staged by AJCC but may be coded as reportable by agreement.

Not every site/histology combination for Schema IDs is included by AJCC. Schema IDs, as shown in another edit, \_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR), include all combinations of site and histology, and are used in SEER EOD coding, the assignment of Summary Stage 2018, and the assignment of Site-Specific Data Items (SSDIs). AJCC ID must be coded "XX" for all site/histology/behavior combinations that are not included by AJCC. If Diagnosis date is 2018 or later, AJCC ID may not be blank.

Two AJCC IDs are listed for site/histologies from Chapter 45 of the AJCC 8th Edition.

This chapter includes soft tissue sarcomas that are not stageable. These sites/histologies are assigned a disease value of 45 in some AJCC documentation. The TNM.DLL may assign an AJCC ID of XX as these sites/histologies are not stageable. Either value of AJCC ID, 45 or XX, will pass the edit.

The following list shows the AJCC ID, AJCC chapter name, site, histologies, behavior, and schema discriminator(s) where applicable. Where schema discriminators are blank (not applicable), they are converted to "X" for edit processing. Sex codes are mapped to schema discriminator 1 codes for certain histologies in the peritoneum, to distinguish between Primary Peritoneal Carcinoma (female) and sarcomas in the peritoneum (male). Age is mapped to Schema Discriminator 1 for Leukemia, specified histologies, to distinguish between 83.2, Acute Lymphoblastic Leukemia in Children, and 83.3, Acute Lymphocytic Leukemia in Adults.

NOTE: Where subdivisions of the AJCC ID are listed as A and B, the subdivisions are made for edit purposes and do not reflect the official AJCC ID designations.

AJCC ID	AJCC Chapter Title
6	Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck

**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

## Sites:

C760

## Schema Discriminator 1:

2, 3, 4, 5

## Histologies with AJCC staging:

8010, 8046, 8051-8052, 8070-8074, 8082-8084, 8121, 8140, 8147,  
8200, 8310, 8430, 8450, 8480, 8525, 8550, 8562, 8941

## Behavior:

3

## 7. Oral Cavity

## Sites:

C003-C005, C008-C009,  
C020-C023, C028-C029,  
C030-C031, C039, C040-C041,  
C048-C049, C050, C058-C059,  
C060-C062, C068-C069

## Histologies with AJCC Staging:

8000, 8010, 8051-8052, 8070-8072, 8074-8075, 8082-8083, 8140, 8147, 8200,  
8290, 8310, 8430, 8480, 8500, 8525, 8550, 8560, 8562, 8982

## Behavior:

2, 3

## 8. Major Salivary Glands

## Sites:

C079, C080-C081, C088-C089

## Histologies with AJCC Staging:

8000, 8010, 8013, 8041, 8046, 8070-8072, 8074, 8082-8083, 8140, 8147,  
8200, 8246, 8290, 8310, 8410, 8430, 8500, 8502, 8525, 8550, 8560, 8562,  
8941, 8974, 8980, 8982

## Behavior:

2, 3

## 9. Nasopharynx

## Sites:

C110, C112-C113, C118-C119

## Sites:

C111

## Schema Discriminator 1:

1

## Histologies with AJCC Staging:

8000, 8010, 8020, 8052, 8070-8073, 8083, 8140, 8200

## Behavior:

2, 3

## 10. HPV-Mediated (p16+) Oropharyngeal Cancer

## Sites:

C019, C024, C051-C052,

**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

C090-C091, C098-C099,  
C100, C102-C103, C108-C109

## Sites:

C111

## Schema Discriminator 1:

2

## Histologies with AJCC Staging:

8070, 8072, 8083, 8085

## Behavior:

3

## Schema Discriminator 2:

2

## 11. Oropharynx (p16-) and Hypopharynx

## 11.1 Oropharynx (p16-)

## Sites:

C019, C024, C051-C052,  
C090-C091, C098-C099,  
C100, C102-C103, C108-C109

## Sites:

C111

## Schema Discriminator 1:

2

## Histologies with AJCC Staging:

8051-8052, 8070, 8074-8075, 8082-8083, 8086, 8560

## Behavior:

2, 3

## Schema Discriminator 2:

1, 9

## 11.2 Hypopharynx

## Sites:

C129, C130-C132, C138-C139

## Histologies with AJCC Staging:

8051-8052, 8070, 8074-8075, 8082-8083, 8086, 8560

## Behavior:

2, 3

## 12. Nasal Cavity and Paranasal Sinuses

## 12.1 Maxillary Sinus

## Sites:

C310

## 12.2 Nasal Cavity, Ethmoid Sinus

**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

## Sites:

C300, C311

## Histologies with AJCC Staging:

8000, 8010, 8013, 8020, 8023, 8041, 8051-8052, 8070-8072, 8074-8075,  
8082-8083, 8140, 8144, 8200, 8240, 8249, 8310, 8430, 8525, 8560, 8562,  
8941, 8982

## Behavior:

2, 3

## 13. Larynx

13.0 Larynx: NOS

## Sites:

C328-C329

13.1 Larynx: Supraglottic

## Sites:

C101, C321

13.2 Larynx: Glottic

## Sites:

C320

13.3 Larynx: Subglottic

## Sites:

C322

## Histologies with AJCC Staging:

8000, 8010, 8013, 8041, 8045, 8051-8052, 8070-8072, 8074-8075, 8082-8083,  
8200, 8240, 8249, 8430, 8560

## Behavior:

2 (excluding 13.0), 3

## 14. Mucosal Melanoma of the Head and Neck

## Sites:

C003-C005, C008-C009, C019,  
C020-C024, C028-C029,  
C030-C031, C039,  
C040-C041, C048-C049,  
C050-C052, C058-C059,  
C060-C062, C068-C069,  
C090-C091, C098-C099,  
C100-C103, C108-C109,  
C110-C113, C118-C119,  
C129, C130-C132, C138-C139  
C140, C142, C148, C300,  
C310-C311, C320-C322, C328-C329

## Histologies with AJCC Staging:

8720-8722, 8730, 8745-8746, 8770-8772

## Behavior:

**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

3

## 15. Cutaneous Carcinoma of the Head and Neck

## Sites:

C000-C002, C006,  
C440, C442-C444

## Histologies with AJCC Staging:

8070, 8090-8093, 8103-8110, 8200, 8211, 8400-8401, 8403, 8407-8410, 8480,  
8940, 8982

## Behavior:

2, 3

## 16. Esophagus and Esophagogastric Junction

## 16.1 Esophagus and EGJ: Squamous Cell Carcinoma

## Sites:

C150-C155, C158-C159

## Sites:

C160

## Schema Discriminator 1:

2

## Histologies with AJCC Staging:

8051, 8070, 8074, 8077, 8083, 8560

## Behavior:

2, 3

## Histologies with AJCC Staging:

8020

## Behavior:

3

## Schema Discriminator 2:

1, 9

## 16.2 Esophagus and EGJ: Adenocarcinoma

## Sites:

C150-C155, C158-C159

## Sites:

C160

## Schema Discriminator 1:

2

## Histologies with AJCC Staging:

8140, 8148, 8200, 8244, 8430

## Behavior:

2, 3

## Histologies with AJCC Staging:

8020

## Behavior:

**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

3

Schema Discriminator 2:

2

## 16.3 Esophagus and EGJ: Other Histologies

Sites:

C150-C155, C158-C159

Histologies with AJCC Staging:

8000, 8010, 8013, 8041, 8071, 8145, 8240, 8246, 8249, 8255

Behavior:

2, 3

Sites:

C160

Schema Discriminator 1:

2

Histologies with AJCC Staging:

8000, 8010, 8013, 8041, 8071, 8145, 8246, 8255

Behavior:

2, 3

## 17. Stomach

Sites:

C160

Schema Discriminator 1:

0, 3, 9

Sites:

C161-C166, C168-C169

Histologies with AJCC Staging:

8000, 8010, 8013, 8020, 8041, 8070, 8082, 8140, 8142, 8144-8145, 8148,  
8211, 8214, 8244, 8246, 8255, 8260, 8480, 8490, 8510-8512, 8560, 8576

Behavior:

2, 3

## 18. Small Intestine

Sites:

C170-C172, C178-C179

## 18.1 Small Intestine: Adenocarcinoma

Histologies with AJCC Staging:

8010, 8140, 8210, 8261, 8263, 8480-8481, 8490

Behavior:

2, 3

## 18.2 Small Intestine: Other Histologies

Histologies with AJCC Staging:

8000, 8013, 8020, 8041, 8070, 8148, 8244, 8255, 8510, 8560

Behavior:

2, 3

\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)

## 19. Appendix

## Sites:

C181

## Histologies with AJCC Staging:

8000, 8010, 8013, 8020, 8041, 8070, 8140, 8148, 8210, 8243-8246, 8255,  
8480-8481, 8490, 8510, 8560

## Behavior:

2, 3

## 20. Colon and Rectum

## Sites:

C180, C182-C189, C199, C209

## Histologies with AJCC Staging:

8000, 8010, 8013, 8020, 8041, 8070, 8140, 8213, 8246, 8265, 8480-8481,  
8490, 8510, 8560

## Behavior:

2, 3

## 21. Anus

## Sites:

C210-C211, C218

## Histologies with AJCC Staging:

8000, 8010, 8013, 8020, 8041, 8051, 8070-8072, 8077, 8083, 8090,  
8123-8124, 8140, 8244, 8246, 8480, 8542

## Behavior:

2, 3

## 22. Liver

## Sites:

C220

## Histologies with AJCC Staging:

8170-8174

## Behavior:

3

## 23. Intrahepatic Bile Ducts

## Sites:

C221

## Histologies with AJCC Staging:

8013, 8041, 8148, 8160-8161, 8180, 8246, 8470, 8503, 8980

## Behavior:

2, 3

## 24. Gallbladder

## Sites:



**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

C239

Sites:

C240

Schema Discriminator 1:

3

Histologies with AJCC staging:

8000, 8010, 8013, 8020, 8041, 8070, 8140, 8144, 8148, 8160, 8244,  
8246, 8255, 8310, 8470, 8480-8481, 8490, 8503, 8560

Behavior:

2, 3

## 25. Perihilar Bile Ducts

Sites:

C240

Schema Discriminator 1:

1, 5, 6, 9

Histologies with AJCC Staging:

8010, 8013, 8020, 8041, 8070, 8140, 8144, 8148, 8246, 8310, 8470, 8480,  
8490, 8503, 8560

Behavior:

2, 3

## 26. Distal Bile Ducts

Sites:

C240

Schema Discriminator 1:

4, 7

Histologies with AJCC Staging:

8000, 8010, 8013, 8020, 8041, 8070, 8140, 8144, 8148, 8160, 8162,  
8244, 8246, 8310, 8470, 8480, 8490, 8500, 8503, 8560

Behavior:

2, 3

## 27. Ampulla of Vater

Sites:

C241

Histologies with AJCC Staging:

8000, 8010, 8013, 8020, 8035, 8041, 8070, 8140, 8144, 8160, 8163,  
8244, 8246, 8255, 8260, 8310, 8480, 8490, 8560, 8576

Behavior:

2, 3

## 28. Exocrine Pancreas

Sites:

C250-C253, C257-C259

Histologies with AJCC Staging:

**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

8000, 8010, 8013, 8020, 8035, 8041, 8140, 8148, 8154, 8246, 8441,  
8452-8453, 8470, 8480-8481, 8490, 8500, 8503, 8510, 8550-8552, 8560,  
8576, 8971

Behavior:

2, 3

## 29. Neuroendocrine Tumors of the Stomach

Sites:

C160-C166, C168-C169

Histologies with AJCC Staging:

8240, 8249

Behavior:

3

## 30. Neuroendocrine Tumors of the Duodenum and Ampulla of Vater

Sites:

C170, C241

Histologies with AJCC Staging:

8153, 8156-8158, 8240, 8249, 8683

Behavior:

3

## 31. Neuroendocrine Tumors of the Jejunum and Ileum

Sites:

C171-C172

Histologies with AJCC Staging:

8240, 8249

Behavior:

3

## 32. Neuroendocrine Tumors of the Appendix

Sites:

C181

Histologies with AJCC Staging:

8240, 8249

Behavior:

3

## 33. Neuroendocrine Tumors of the Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies with AJCC Staging:

8240, 8249

Behavior:

3

**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

## 34. Neuroendocrine Tumors of the Pancreas

## Sites:

C250-C254, C257-C259

## Histologies with AJCC Staging:

8150-8153, 8155-8156, 8158, 8240, 8249

## Behavior:

3

## 35. Thymus

## Sites:

C379

## Histologies with AJCC Staging:

8013, 8020, 8023, 8033, 8041, 8045, 8070, 8082, 8123, 8140, 8200, 8240

8249, 8260, 8310, 8430, 8480, 8560, 8576, 8580-8586

## Behavior:

3

## 36. Lung

## Sites:

C340-C343, C348-C349

## Histologies with AJCC Staging:

8000, 8010, 8012-8013, 8022-8023, 8031-8033, 8040-8042, 8045, 8070-8072,

8082-8083, 8140, 8144, 8200, 8230, 8240, 8246, 8249-8250, 8252-8257,

8260, 8265, 8333, 8430, 8480-8481, 8551, 8560, 8562, 8972, 8980

## Behavior:

2, 3

## 37. Malignant Pleural Mesothelioma

## Sites:

C384

## Histologies with AJCC Staging:

9050-9053

## Behavior:

3

## 38. Bone

## 38.1 Appendicular Skeleton, Trunk, Skull, Facial Bones

## Sites:

C400-C403, C408-C409

C410-C411, C413, C418-C419

## 38.2 Spine

## Sites:

C412

## 38.3 Pelvis

\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)

## Sites:

C414

## Histologies Permitting AJCC Staging:

8800-8801, 8804, 8810, 8815, 8830, 8850, 8890, 8900, 9040, 9120, 9133,  
9180-9185, 9187, 9192-9194, 9220-9221, 9231-9240, 9242-9250, 9261,  
9364, 9370-9372, 9540

## Behavior:

3

## 40. Soft Tissue Sarcoma of the Head and Neck

## Sites:

C000-C006, C008-C009  
C019, C020-C024, C028-C029  
C030-C031, C039  
C040-C041, C048-C049  
C050-C052, C058-C059  
C060-C062, C068-C069  
C079, C080-C081, C088-C089  
C090-C091, C098-C099  
C100-C104, C108-C109  
C110-C113, C118-C119  
C129, C130-C132, C138-C139  
C140, C142, C148  
C150, C153, C158  
C300-C301, C310-C313, C318-C319  
C320-C323, C328-C329  
C470, C490, C722, C724-C725,  
C739, C750-C755, C758-C759

## Histologies with AJCC Staging:

8711, 8800-8802, 8810-8811, 8815, 8825, 8832-8833, 8840, 8850, 8852,  
8854, 8858, 8890, 8901, 8912, 9040-9041, 9043, 9133, 9136, 9180, 9251,  
9364, 9540, 9542, 9561, 9580

## Behavior:

3

## 41. Soft Tissue Sarcoma of the Trunk and Extremities

## Sites:

C471-C472, C476, C478-C479  
C491-C492, C496, C498-C499  
C500-C506, C508-C509

## Histologies with AJCC Staging:

8711, 8800-8802, 8810-8811, 8815, 8825, 8832-8833, 8840, 8850, 8852,  
8854, 8858, 8890, 8901, 8910-8912, 8920, 9040-9041, 9043, 9120, 9133,  
9136, 9180, 9251, 9364, 9540, 9542, 9561, 9580

## Behavior:

3

## 42. Soft Tissue Sarcoma of the Abdomen and Thoracic Visceral Organs

## Sites:

C151-C152, C154-C155, C159

**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

C160-C166, C168-C169  
 C170-C173, C178-C179  
 C180-C189, C199, C209  
 C210-C212, C218, C220-C221  
 C239, C240-C241, C248-C249  
 C250-C254, C257-C259  
 C260, C268-C269  
 C339, C340-C343, C348-C349  
 C379, C380-C384, C388  
 C473-C475, C493-C495  
 C510-C512, C518-C519, C529  
 C530-C531, C538-C539, C589  
 C600-C602, C608-C609, C619  
 C620-C621, C629,  
 C630-C632, C637-C639, C649,  
 C659, C669, C670-C679  
 C680-C681, C688-C689

## Histologies with AJCC Staging:

8711, 8800-8802, 8810-8811, 8815, 8825, 8832-8833, 8840, 8850, 8852,  
 8854, 8858, 8890, 8901, 8910-8912, 8920, 9040-9041, 9043, 9120, 9133,  
 9136, 9180, 9251, 9364, 9540, 9542, 9561, 9580

## Behavior:

3

## 43. Gastrointestinal Stromal Tumor

## 43.1 GIST: Gastric and Omental

## Sites:

C160-C166, C168-C169

## Sites:

C481

## Schema Discriminator 1:

2

## Histologies with AJCC Staging:

8936

## Behavior:

0, 1, 3

## 43.2 GIST: Small Intestinal, Esophageal, Colorectal, Mesenteric, Peritoneal

## Sites:

C150-C155, C158-C159,  
 C170-C172, C178-C179, C180-C189,  
 C199, C209, C480, C482, C488

## Sites:

C481

## Schema Discriminator 1:

1, 9

## Histologies with AJCC Staging:

8936

## Behavior:

0, 1, 3

\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)

44. Soft Tissue Sarcoma of the Retroperitoneum

## Sites:

C480-C482, C488

## Histologies with AJCC Staging:

8711, 8800-8802, 8810-8811, 8815, 8825, 8832-8833, 8840, 8850, 8852,  
8854, 8858, 8890, 8901, 8910-8912, 8920, 9040-9041, 9043, 9120, 9133,  
9136, 9180, 9251, 9364, 9540, 9542, 9561, 9580

## Behavior:

3

45 (XX). Soft Tissue Sarcoma Unusual Histologies and Sites

## Sites:

C000-C148, C150, C153, C158,  
C300-C329, C470, C490,  
C739, C750, C754-C759

## Histologies:

8804-8806, 8910, 8920, 8930-8931, 8991, 9020, 9044, 9120, 9231, 9581

## Behavior:

3

## Sites:

C151-C152, C154-C155, C159  
C160-C269, C339-C388,  
C471-C480,  
C491-C529, C589-C689

## Histologies:

8804-8806, 8930-8931, 8991, 9020, 9044, 9231, 9581

## Behavior:

3

## Sites:

C481-C482, C488

## Histologies:

8804-8805, 8991, 9020, 9044, 9231, 9581

## Behavior:

3

## Histologies:

8806, 8930-8931

## Behavior:

3

## Sex:

1,3,4,5,9

## Sites:

C530-C531, C538-C539

## Histologies:

8804, 8806, 8930-8931, 8991, 9020, 9044, 9231

## Behavior:

3

## Sites:

C569, C570

## Histologies:

**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

8804-8805, 8901, 8910-8912, 8920, 8991, 9020, 9044, 9120, 9133, 9180,  
9231, 9581

Behavior:

3

Sites:

C571-C579, C740-C749, C809

Histologies:

8804-8806, 8815, 8901, 8910-8912, 8920, 8930-8931, 8991, 9020, 9044,  
9120, 9133, 9180, 9231, 9581

Behavior:

3

Sites:

C690-C695, C699

Histologies:

8930-8931, 8991, 9020, 9180, 9231

Behavior:

3

Sites:

C700-C721, C728-C729

Histologies:

8804-8806, 8901, 8910-8912, 8920, 8930-8931, 8991, 9020, 9044, 9231, 9581

Behavior:

3

Sites:

C722, C724-C725,  
C751-C753

Histologies:

8804-8806, 8910, 8920, 8930-8931, 8991, 9020, 9044, 9231, 9581

Behavior:

3

Sites:

C723

Histologies:

8930-8931, 8991, 9020, 9231

Behavior:

3

Sites:

C000-388, C470-C699,  
C739-C749, C809

Histologies:

9140

Behavior:

3

46. Merkel Cell Carcinoma

Sites:

C000-C006, C008-C009,  
C440-C449, C510-C512, C518-C519,  
C600-C602, C608-C609,  
C632

**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

Histologies with AJCC Staging:

8041, 8190, 8247

Behavior:

2, 3

Sites:

C809

Histologies with AJCC Staging:

8190, 8247

Behavior:

3

47. Melanoma of the Skin

Sites:

C000-C002, C006,

C440-C449, C510-C512, C518-C519,

C600-C602, C608-C609, C632

Histologies with AJCC Staging:

8720-8721, 8723, 8730, 8742-8745, 8761, 8770-8772, 8780

Behavior:

2, 3

48. Breast

Sites:

C500-C506, C508-C509

48.1 Breast: DCIS and Paget

Histologies with AJCC Staging:

8201, 8500-8501, 8503-8504, 8507, 8543

Behavior:

2

48.2 Breast: Invasive

Histologies with AJCC Staging:

8000, 8010, 8022, 8032, 8035, 8041, 8070, 8140, 8200-8201, 8211, 8246,

8255, 8290, 8314-8315, 8401, 8410, 8430, 8480, 8500-8504, 8507,

8509-8510, 8513, 8520-8525, 8530, 8540-8541, 8543, 8550, 8570-8572,

8574-8575, 8982-8983

Behavior:

3

50. Vulva

Sites:

C510-C512, C518-C519

Histologies with AJCC Staging:

8000, 8010, 8013, 8051, 8070-8072, 8076-8077, 8083, 8090, 8097, 8120,

8140, 8200, 8500, 8542, 8560, 9020, 9071

Behavior:

3



\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)

51. Vagina

## Sites:

C529

## Histologies with AJCC Staging:

8000, 8010, 8013, 8020, 8041, 8051-8052, 8070-8072, 8083, 8098, 8140,  
8246, 8260, 8310, 8380, 8480, 8560, 8693, 8933, 8980, 9071, 9110

## Behavior:

3

52. Cervix Uteri

## Sites:

C530-C531, C538-C539

## Histologies with AJCC Staging:

8000, 8010, 8013, 8015, 8020, 8041, 8051-8052, 8070-8072, 8076,  
8082-8083, 8098, 8120, 8140, 8144, 8200, 8240, 8249, 8263, 8310, 8323,  
8380, 8384, 8441, 8480, 8482, 8490, 8560, 8574, 8720, 8805, 8933, 8980,  
9110, 9581

## Behavior:

3

53. Corpus Uteri - Carcinoma and Carcinosarcoma

## Sites

C540-C543, C548-C549, C559

## Histologies with AJCC Staging:

8000, 8010, 8013, 8020, 8041, 8070, 8140, 8240, 8255, 8263, 8310, 8323,  
8380, 8382, 8441, 8460-8461, 8480, 8560, 8570, 8950, 8980

## Behavior:

3

54. Corpus Uteri - Sarcoma

## Sites:

C540-C543, C548-C549, C559

54.1 Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

## Histologies with AJCC Staging:

8714, 8800, 8805, 8890-8891, 8896, 8900, 8910, 8930-8931, 8935

## Behavior:

3

54.2 Corpus Uteri: Adenosarcoma

## Histologies with AJCC Staging:

8933

## Behavior:

3

\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)

55. Ovary, Fallopian Tube, and Primary Peritoneal Carcinoma

55.A. Ovary and Fallopian Tube

Sites:

C569, C570

Histologies with AJCC Staging:

8313, 8380, 8442, 8472, 8474, 9000

Behavior:

0, 1, 3

Histologies with AJCC Staging:

8000, 8010, 8020, 8041, 8044, 8070, 8120, 8140, 8240, 8243, 8310, 8323, 8410,  
8441, 8452, 8460-8461, 8470, 8480, 8590, 8594, 8620, 8622-8623, 8631,  
8633-8634, 8640, 8670, 8806, 8810, 8815, 8822, 8825, 8890, 8930-8931, 8933,  
8936, 8950, 8960, 8980, 9050, 9052, 9060, 9070-9071, 9073, 9080, 9085,  
9090-9091, 9100, 9110

Behavior:

3

55.B. Primary Peritoneal Carcinoma

Sites:

C481-C482, C488

Histologies with AJCC Staging:

8313, 8380, 8442, 8472, 8474, 9000

Behavior:

0, 1, 3

Sex:

2, 6

Histologies with AJCC Staging:

8000, 8010, 8020, 8041, 8044, 8070, 8120, 8140, 8240, 8243, 8310, 8323, 8410,  
8441, 8452, 8460-8461, 8470, 8480, 8590, 8594, 8620, 8622-8623, 8631,  
8633-8634, 8640, 8670, 8806, 8822, 8930-8931, 8933, 8950, 8960, 8980, 9050,  
9052, 9060, 9070-9071, 9073, 9080, 9085, 9090-9091, 9100, 9110

Behavior:

3

Sex:

2, 6

56. Gestational Trophoblastic Neoplasms

Sites:

C589

Histologies with AJCC Staging:

9100, 9104-9105

Behavior:

3

57. Penis

\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)

## Sites:

C600-C602, C608-C609

## Histologies with AJCC Staging:

8000, 8010, 8051-8052, 8054, 8070-8072, 8074-8075, 8081-8084, 8560

## Behavior:

2, 3

## 58. Prostate

## Sites:

C619

## Histologies with AJCC Staging:

8000, 8010, 8013, 8041, 8070, 8120, 8140, 8147-8148, 8201, 8230, 8240,  
8260, 8480, 8490, 8500, 8560, 8572, 8574

## Behavior:

3

## 59. Testis

## Sites:

C620-C621, C629

## Histologies with AJCC Staging:

8000, 8591, 8640, 8650, 9061, 9064-9065, 9070-9071, 9080-9081, 9084-9085,  
9100-9101, 9104-9105

## Behavior:

2, 3

## 60. Kidney

## Sites:

C649

## Histologies with AJCC Staging:

8000, 8010, 8140, 8255, 8260, 8310-8312, 8316-8319, 8323, 8480, 8510

## Behavior:

3

## 61. Renal Pelvis and Ureter

## Sites:

C659, C669

## 61.1 Renal Pelvis and Ureter: Urothelial Carcinomas

## Histologies with AJCC Staging:

8000, 8010, 8020, 8031, 8041, 8082, 8120, 8122, 8130-8131

## Behavior:

2, 3

## 61.2 Renal Pelvis and Ureter: Squamous Cell Carcinoma and Adenocarcinoma

## Histologies with AJCC Staging:

8070, 8140

## Behavior:

**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

2, 3

62. Urinary Bladder

Sites:

C670-C679

62.1 Bladder: Urothelial Carcinomas

Histologies with AJCC Staging:

8000, 8010, 8020, 8031, 8041, 8082, 8120, 8122, 8130-8131

Behavior:

2, 3

62.2 Bladder: Squamous Cell Carcinoma and Adenocarcinoma

Histologies with AJCC Staging:

8070, 8140

Behavior:

2, 3

63. Urethra

63.1 Male Penile and Female Urethra: Urothelial Carcinomas

Sites:

C680

Schema Discriminator 1:

1

Histologies with AJCC Staging:

8000, 8010, 8020, 8031, 8041, 8082, 8120, 8122, 8130-8131, 8310

Behavior:

2, 3

63.2 Male Penile and Female Urethra: Squamous Cell Carcinoma and Adenocarcinoma

Sites:

C680

Schema Discriminator 1:

1

Histologies with AJCC Staging:

8070-8072, 8140

Behavior:

2, 3

63.3 Prostatic Urethra: Urothelial Carcinomas

Sites:

C680

Schema Discriminator 1:

2

Histologies with AJCC Staging:

8000, 8010, 8020, 8031, 8041, 8082, 8120, 8122, 8130-8131, 8310

**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

Behavior:

2, 3

63.4 Prostatic Urethra: Squamous Cell Carcinoma and Adenocarcinoma

Sites:

C680

Schema Discriminator 1:

2

Histologies with AJCC Staging:

8070-8072, 8140

Behavior:

2, 3

64. Eyelid Carcinoma

Sites:

C441

Histologies with AJCC Staging:

8070, 8090, 8140, 8200, 8390, 8400-8401, 8407, 8410, 8413, 8430, 8480-8481,  
8940-8941, 8980

Behavior:

2, 3

65. Conjunctival Carcinoma

Sites:

C690

Histologies with AJCC Staging:

8010, 8070-8076, 8090, 8410, 8430, 8560

Behavior:

2, 3

66. Conjunctival Melanoma

Sites:

C690

Histologies with AJCC Staging:

8720-8721, 8723, 8730, 8740-8741, 8743, 8745, 8770

Behavior:

2, 3

67. Uveal Melanoma

67.1 Uvea: Iris

Sites:

C694

Schema Discriminator1:

2

67.2 Uvea: Ciliary Body and Choroid

**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

Sites:

C693

Sites:

C694

Schema Discriminator 1:

1

Histologies with AJCC Staging:

8720, 8730, 8770-8774

Behavior:

3

68. Retinoblastoma

Sites:

C692

Histologies with AJCC Staging:

9510-9513

Behavior:

3

69. Lacrimal Gland Carcinoma

Sites:

C695

Schema Discriminator 1:

1

Histologies with AJCC Staging:

8010, 8070-8072, 8082, 8140, 8147, 8200, 8410, 8430, 8440, 8450, 8480,  
8500, 8525, 8550, 8562, 8941, 8980, 8982

Behavior:

3

70. Orbital Sarcoma

Sites:

C690-C696, C698-C699, C723

Histologies with AJCC Staging:

8800-8802, 8804-8806, 8810-8811, 8814-8815, 8825, 8830, 8832, 8840, 8850,  
8852-8854, 8858, 8890, 8900-8901, 8910-8912, 8920-8921, 8940, 8963, 9040,  
9044, 9071, 9120, 9133, 9150, 9220, 9240, 9364, 9421, 9473, 9500, 9522,  
9530, 9540, 9580-9581

Behavior:

3

71. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies with AJCC Staging:

9590-9597, 9671-9673, 9680, 9690-9699, 9702-9705, 9709, 9718, 9734,  
9823, 9930

Behavior:

\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)

3

72. Brain and Spinal Cord

## Sites:

C700-C701, C709, C710-C719, C720-C721, C728-C729

## Histologies:

8720, 8728, 8802, 8810, 8815, 8850, 8890, 8900, 9064, 9070-9071, 9080,  
9084-9085, 9100, 9120, 9133, 9140, 9180, 9220, 9362, 9364, 9382, 9385,  
9390-9393, 9395-9396, 9400-9401, 9411, 9424-9425, 9430, 9440-9442, 9445,  
9450-9451, 9470-9471, 9473-9478, 9490, 9500-9501, 9505, 9508, 9530, 9538,  
9540, 9680, 9699, 9702, 9712-9714, 9751-9755

## Behavior:

3

## Sites:

C722, C724-C725, C751-C753

## Histologies:

8720, 8728, 8900, 9064, 9070-9071, 9080, 9084-9085, 9100, 9120, 9140,  
9220, 9362, 9382, 9385, 9390-9393, 9395-9396, 9400-9401, 9411, 9424-9425,  
9430, 9440-9442, 9445, 9450-9451, 9470-9471, 9473-9478, 9490, 9500-9501,  
9505, 9508, 9530, 9538, 9680, 9699, 9702, 9712-9714, 9751-9755

## Behavior:

3

## Sites:

C723

## Histologies:

8720, 8728, 9064, 9070, 9080, 9084-9085, 9100, 9140, 9180, 9362, 9382,  
9385, 9390-9393, 9395-9396, 9400-9401, 9411, 9424-9425, 9430, 9440-9442,  
9445, 9450-9451, 9470-9471, 9474-9478, 9490, 9501, 9505, 9508, 9538,  
9680, 9699, 9702, 9712-9714, 9751-9755

## Behavior:

3

73. Thyroid - Differentiated and Anaplastic

## Sites:

C739

## Schema Discriminator 1:

1

73.1 Differentiated

## Histologies with AJCC Staging:

8000, 8010, 8050, 8230, 8260, 8290, 8330-8331, 8335, 8337, 8339-8344

## Behavior:

3

73.2 Anaplastic

## Histologies with AJCC Staging:

8020-8021

## Behavior:

3

**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

74. Thyroid - Medullary

Sites:

C739

Schema Discriminator 1:

1

Histologies with AJCC Staging:

8345-8347

Behavior:

3

75. Parathyroid

Sites:

C750

Histologies with AJCC Staging:

8000-8001, 8005-8010, 8140, 8290, 8310, 8322

Behavior:

0, 1, 2, 3

76. Adrenal Cortical Carcinoma

Sites:

C740

Histologies with AJCC Staging:

8010, 8290, 8370

Behavior:

3

77. Adrenal - Neuroendocrine Tumors

77.A Pheochromocytoma

Sites:

C741

Histologies with AJCC Staging:

8700

Behavior:

3

77.B Paraganglioma

Sites:

C741, C755

Histologies with AJCC Staging:

8680, 8690, 8692-8693

Behavior:

3

79. Hodgkin and Non-Hodgkin Lymphomas



**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

## Sites:

C000-C424, C470-C509,  
C511-C608, C619-C631,  
C637-C689, C691-C694,  
C739-C749, C760-C809

79.0 Non-Hodgkin Lymphomas: Unspecified or Other Type

## Histologies with AJCC Staging:

9590, 9596, 9687, 9826

## Behavior:

3

## Histologies with AJCC Staging:

9591

## Behavior:

3

## Schema Discriminator 1:

3, 9

79.1 Non-Hodgkin Lymphomas: Diffuse Large B Cell Lymphoma

## Histologies with AJCC Staging:

9675-9680, 9684, 9688, 9712, 9735-9738

## Behavior:

3

79.2 Non-Hodgkin Lymphomas: Mantle Cell Lymphoma

## Histologies with AJCC Staging:

9673

## Behavior:

3

79.3 Non-Hodgkin Lymphomas: Follicular Lymphoma

## Histologies with AJCC Staging:

9690-9698

## Behavior:

3

79.4 Non-Hodgkin Lymphomas: Marginal Zone Lymphoma

## Histologies with AJCC Staging:

9689, 9699

## Behavior:

3

79.5 Non-Hodgkin Lymphomas: Chronic Lymphocytic Leukemia/Small Lymphocytic  
Lymphoma

## Histologies with AJCC Staging:

9823

## Behavior:

3

79.6 Non-Hodgkin Lymphomas: Peripheral T-Cell Lymphoma

**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

Histologies with AJCC Staging:

9702-9709, 9714-9719, 9725-9726, 9827

Behavior:

3

79.7 Hodgkin Lymphoma

Histologies with AJCC Staging:

9650-9663

Behavior:

3

## 81. Primary Cutaneous Lymphomas

Sites:

C440, C442-C449

C510, C609, C632

81.1 Mycosis Fungoides and Sezary Syndrome

Histologies with AJCC Staging:

9700-9701

Behavior:

3

81.2 Primary Cutaneous B-Cell/T-cell Lymphoma

Histologies:

9597, 9680, 9708-9712, 9718-9719, 9726

Behavior:

3

## 82. Plasma Cell Myeloma and Plasma Cell Disorders

Sites:

C310-C313, C318-C319,

C400-C403, C408-C409,

C410-C414, C418-C419,

C421, C440, C442-C449

C510-C512, C518-C519,

C600-C602, C608-C609, C632

82.1. Plasma Cell Myeloma

Histologies with AJCC staging:

9732

Behavior:

3

Schema Discriminator 1:

0

82.2. Other Plasma Cell Disorders

Histologies with AJCC Staging:

9671, 9731, 9734, 9761

Behavior:

**\_SYS AJCC ID, Primary Site, Histology, Behavior (NAACCR)**

3

83. Leukemia

Sites:

C421

83.0. Leukemia, Unspecified or Other Type

Histologies:

9724, 9727, 9801, 9806-9809, 9831, 9833-9834, 9940, 9948

Behavior:

3

Histologies:

9591

Behavior:

3

Schema Discriminator 1:

1, 2

83.1 Acute Myeloid Leukemia

Histologies:

9840, 9861, 9865-9874, 9891-9898, 9910-9911, 9920, 9930-9931

Behavior:

3

83.2 Acute Lymphoblastic Leukemia in Children

Histologies:

9811-9818, 9835-9837

Behavior:

3

Age:

000-019, 999

83.3 Acute Lymphocytic Leukemia in Adults

Histologies:

9728-9729

Behavior:

3

Histologies:

9811-9818, 9835-9837

Behavior:

3

Age:

020-120

83.4 Chronic Myeloid Leukemia

Histologies:

9875-9876, 9945

Behavior:

3

**\_SYS AJCC ID, Site, Histo, Age (NAACCR)**

XX. All other site/histology/behavior combinations

***Administrative Notes***

New edit - added to NAACCR v18 metafile.

**Modifications****NAACCR v18A**

- Updated Description, Edit logic to include 83.3, Acute Lymphoblastic Leukemia in Children

**NAACCR v18C**

- AT statements changed to INLIST to correctly convert 55.A and 55.B to 55, 77.A and 77.B to 77
- Description corrected to show Schema Discriminator 1 = 2 for 11.1, C111
- Description, logic updated to require Sex codes 2, 6 for all histologies for 55.B, Primary Peritoneal Carcinoma
- Logic corrected, else statements added at level of SQLRANGELOOKUP statements
- Description corrected to show Schema Discriminator 1 only = 0 for 82.1
- Description, logic mapping Schema Discriminator 1 to X for 82.1 deleted
- Logic corrected, age for 83.2 = 000-019, 999; age for 83.3 = 020-120
- Description updated to exclude 8041, C809 in AJCC ID 46 (Merkel Cell).
- Description updated to include behavior 3 only with 8190, 8247, C809.

**NAACCR v18D**

- Description, logic modified to pass AJCC ID assignment for benign histology (Behavior Code ICD-O-3, 0, 1) that is not considered reportable and is not staged by AJCC but may be coded as reportable by agreement
- Description, logic modified to pass AJCC ID of XX assigned by TNM.DLL for sites/histologies included in Chapter 45.

**\_SYS AJCC ID, Site, Histo, Age (NAACCR)**

Agency: NAACCR

Last changed: 05/07/2019 21:08:10

Edit Tag N4205

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

***Description***

\_SYS in edit name indicates an edit on system-generated data items. The edit is intended for use by software vendors in testing the accuracy of algorithms used to assign AJCC ID, and for use by central registries in verifying the quality of submitted data.

1. The edit is skipped for the following conditions:  
Date of diagnosis before 2018, blank, or invalid.

**\_SYS AJCC ID, Site, Histo, Sex (NAACCR)**

AJCC ID is blank.

Age at Diagnosis is blank

AJCC ID not = 83.2, 83.3 (ID assignment depends on age)

- This edit verifies that AJCC ID has been assigned correctly where Primary Site and Histologic Type ICD-O-3 codes are not sufficient to identify the appropriate AJCC staging scheme. Age at Diagnosis is required to discriminate between histologies assigned to Acute Lymphoblastic Leukemia in Children and Acute Lymphocytic Leukemia in Adults.

The edit checks that AJCC ID, Primary Site code, Histologic Type ICD-O-3 code, and Age at Diagnosis code occur together within the edited record, as shown in the following chart. If there is an edit failure, the problem may be due to a software error. If coding is reviewed and correct, the software vendor should be consulted for assistance in resolving the issue.

	AJCC ID		SITE	HISTO	AGE AT
DX					
	83.2	Acute Lymphoblastic Leukemia in Children	C421	9811-9818	000-019,999
				9835-9837	
	83.3	Acute Lymphocytic Leukemia in Adults	C421	9811-9818	020-120
				9835-9837	

**Administrative Notes**

New edit - NAACCR v18A metafile

**Modifications****NAACCR v18B**

- Description, logic updated to pass if AJCC ID not 83.2 or 83.3

**NAACCR v18C**

- Logic corrected, age for 83.2 = 000-019, 999; age for 83.3 = 020-120  
 - Logic revised to check coding through "if" statements only rather than reference to table

**NAACCR v18D**

- Logic corrected, age range for 83.3 changed from 020-200 to 020-120

**\_SYS AJCC ID, Site, Histo, Sex (NAACCR)**

Agency: NAACCR

Last changed: 03/31/2019 10:54:41

Edit Tag N3068

**\_SYS AJCC ID, Site, Histo, Sex (NAACCR)****Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

**Description**

\_SYS in edit name indicates an edit on system-generated data items. The edit is intended for use by software vendors in testing the accuracy of algorithms used to assign AJCC ID, and for use by central registries in verifying the quality of submitted data.

- The edit is skipped for the following conditions:
  - Date of diagnosis before 2018, blank, or invalid.
  - AJCC ID is blank.
  - Sex is blank.
  - AJCC ID not = 55.B (55, Primary Peritoneal Carcinoma mapped to 55.B), 45 (ID assignment depends on sex)
- This edit verifies that AJCC ID has been assigned correctly where Primary Site and Histologic Type ICD-O-3 codes are not sufficient to identify the appropriate AJCC staging scheme. Sex is required to discriminate between histologies assigned to Primary Peritoneal Carcinoma (female, staged), and Sarcomas of Unusual Sites and Histologies (male, not staged).

The edit checks that AJCC ID, Primary Site code, Histologic Type ICD-O-3 code, and Sex code occur together within the edited record, as shown in the following chart.

If there is an edit failure, the problem may be due to a software error. If coding is reviewed and correct, the software vendor should be consulted for assistance in resolving the issue.

Note: The AJCC ID for Primary Peritoneal Carcinoma is 55. 55.B is used for edit purposes, to distinguish Primary Peritoneal Carcinoma from Ovarian and Fallopian Tube Carcinoma, which are also assigned AJCC ID 55.

AJCC ID		SITE	HISTO	Sex
45	Sarcoma of Unusual Sites/Histologies	C481- C482, C488	8806 8930 8931	1,3,4,5,9
55.B	Primary Peritoneal Carcinoma	C481- C482, C488	8000, 8010 8020, 8041 8044, 8070 8120, 8140 8240, 8243 8310, 8313 8323, 8380 8410, 8441-8442 8452, 8460-8461 8470, 8472 8474, 8480 8590, 8594 8620,	2,6

**\_SYS Schema ID (NAACCR)**

8622-8623  
 8631  
 8633-8634  
 8640, 8670  
 8806, 8822  
 8930-8931  
 8933, 8950  
 8960, 8980  
 9000, 9050  
 9052, 9060  
 9070-9071  
 9073, 9080  
 9085,  
 9090-9091  
 9100, 9110

AJCC ID	SEX CODES AND DEFINITIONS
45	1: Male 3: Other (Hermaphrodite) 4: Transsexual, NOS 5: Transsexual, natal male 9: Not stated, unknown
55.B	2: Female 6: Transsexual, natal female

***Administrative Notes***

New edit - NAACCR v18 metafile

**Modifications****NAACCR v18A**

- Description, logic updated to skip if either AJCC ID or Sex is blank.

**NAACCR v18B**

- Description, logic updated to skip for AJCC ID where sex not considered in ID assignment

**NAACCR v18C**

- Description updated to include all histology codes for AJCC ID 55.B
- Logic revised to check coding through "if" statements only rather than reference to table
- Description, logic revised to remove checks on assignment of AJCC ID XX

**\_SYS Schema ID (NAACCR)**

Agency: NAACCR

Last changed: 09/22/2018 20:08:48

Edit Tag N2816

**\_SYS Schema ID, AJCC ID (NAACCR)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

***Description***

\_SYS in edit name indicates an edit on system-generated data items. The edit is intended for use by software vendors in testing the accuracy of algorithms used to assign Schema ID, and for use by central registries in verifying the quality of submitted data.

This edit checks that the Schema ID assigned to the case is a valid code. If there is an edit failure, the problem most likely is a registry software issue, as this data item is derived from coding of primary site, histology, and schema discriminator(s) if required; it is not directly coded.

The Schema ID is assigned to schemas for EOD coding based on site, histology, and schema discriminator if required. The Schema ID is related in format to the AJCC ID but covers all combinations of site/histology including those not staged by AJCC. The Schema ID is also used to identify the site/histology combinations that are assigned Site-Specific Data Items (SSDI).

Another edit, \_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR), checks that the Schema ID assigned is valid for the coded site, histology, behavior, and schema discriminator(s) if required. The edit, \_SYS Schema ID, Date of Diagnosis (NAACCR), checks that the data item is collected appropriately for diagnosis year.

The edit is skipped if Schema ID is blank

***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v18A

Description updated to note that edit skipped if Schema ID is blank. Previously noted that blank allowed for pre-2018 cases.

**\_SYS Schema ID, AJCC ID (NAACCR)**

Agency: NAACCR

Last changed: 09/18/2018 23:10:01

Edit Tag N2814

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE



**\_SYS Schema ID, Date of Diagnosis (NAACCR)****Description**

\_SYS in edit name indicates an edit on system-generated data items. The edit is intended for use by software vendors in testing the accuracy of algorithms used to assign Schema ID and AJCC ID, and for use by central registries in verifying the quality of submitted data.

This edit verifies that the data items Schema ID, used to identify site/histology schemas for EOD and site-specific data item (SSDI) assignment, and AJCC ID, used to identify site/histology schemas by chapter for AJCC staging, are consistent in their designations. If there is an edit failure, the problem most likely is a registry software issue, as both these fields are derived from coding of primary site, histology, and schema discriminator(s) if required; they are not directly coded data items.

The edit is skipped if Schema ID or AJCC ID is blank. Other edits check that these fields are left blank for pre-2018 cases and are assigned for 2018 and later cases by standard setter requirements. Schema ID and AJCC ID are required fields for 2018 and later.

The list of Schema IDs by site and histology with corresponding AJCC IDs is included in the edit \_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR).

**Administrative Notes**

New edit - NAACCR v18 metafile

Modifications

NAACCR v18A

- Description, logic updated to skip if either AJCC ID or Schema ID is blank.

**\_SYS Schema ID, Date of Diagnosis (NAACCR)**

Agency: NAACCR

Last changed: 06/26/2018 21:59:00

Edit Tag N2823

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

**Description**

\_SYS in edit name indicates an edit on system-generated data items. The edit is intended for use by software vendors in testing the accuracy of algorithms used to assign Schema ID, and for use by central registries in verifying the quality of submitted data.

The edit checks that Schema ID is blank for pre-2018 diagnoses and is coded for 2018 and later diagnoses.

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

Another edit, \_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR), checks that the Schema ID is assigned correctly by primary site, histology, and behavior for 2018+ diagnoses.

**Administrative Notes**

New edit - NAACCR v18 metafile

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

Agency: NAACCR

Last changed: 08/28/2019 19:52:49

Edit Tag N2824

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

**Description**

This edit checks that the Schema ID is valid for the site, histology, and schema discriminator(s) if required. Schema ID is used to identify EOD schemas, and also to identify the site/histology combinations for the SSDI (site-specific data items). If there is an edit failure, the problem may lie in coding or a registry software issue, as Schema ID is derived from coding of primary site, histology, and schema discriminator(s) if required; it is not directly coded.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
2. Primary Site is blank
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 is blank
5. Schema ID is blank

The following list shows the Schema ID, corresponding AJCC ID, EOD schema name, SS2018 schema, site, histologies, and schema discriminator(s) where applicable. Where schema discriminators are blank (not applicable), they are converted to "X" for edit processing. Sex codes are mapped to schema discriminator 1 codes for certain histologies in the peritoneum, to distinguish between Primary Peritoneal Carcinoma (female) and sarcomas in the peritoneum (male). Schema Discriminator 1 for Schema ID 00430 GIST, 00730 and 00740 Thyroid, and 00821, Plasma Cell Myeloma, is mapped to "X", as it is required for staging only.

The list also shows Behavior Code ICD-O-3 for primary sites C700-C729, C751-C753. All histologies with Behavior Code ICD-O-3 = 0 or 1 occurring in these primary sites are assigned to Schema IDs 00721-Brain, 00722-CNS Other, and 00723-Intracranial Gland. Histologies with Behavior Code ICD-O-3 = 3 occurring in these primary sites may be assigned to other schemas as well: 00400-Soft Tissue Head and Neck, 00430-GIST, 00450-Soft Tissue Other, 00700-Orbital Sarcoma, 00790-Lymphoma, 00795-Lymphoma CLL/SL, 00821-Myeloma, 00822-Plasma Cell Disorder, and 00830-HemeRetic.

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

NOTE: Not every site/histology combination for the Schema IDs is staged by AJCC. Also where AJCC ID is listed only as "XX", none of the site/histology combinations for the Schema ID is staged by AJCC. AJCC ID of 45 (XX) is listed for Schema IDs 00450 and 00458; these sites/histologies are included in Chapter 45 of the AJCC 8th Edition, but they are not staged by AJCC.

Schema ID	AJCC ID	Schema ID Description
00060	6, XX	Cervical Lymph Nodes, Occult Head and Neck

## Sites:

C760

## Schema Discriminator 1:

2, 3, 4, 5

## Histologies:

8000-8700, 8720-8790, 8941, 9700-9701

00071	7, XX	Lip
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## Sites:

C003-C005, C008-C009

## Histologies:

8000-8040, 8042-8180, 8191-8246, 8248-8700, 8982, 9700-9701

00072	7, XX	Tongue Anterior
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## Sites:

C020-C023, C028-C029

## Histologies:

8000-8700, 8982, 9700-9701

00073	7, XX	Gum
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## Sites:

C030-C031, C039, C062

## Histologies:

8000-8700, 8982, 9700-9701

00074	7, XX	Floor of Mouth
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## Sites:

C040-C041, C048-C049

## Histologies:

8000-8700, 8982, 9700-9701

00075	7, XX	Palate Hard
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## Sites:

C050

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

## Histologies:

8000-8700, 8982, 9700-9701

00076        7, XX        Buccal Mucosa

## Sites:

C060-C061

## Histologies:

8000-8700, 8982, 9700-9701

00077        7, XX        Mouth Other

## Sites:

C058-C059, C068-C069

## Histologies:

8000-8700, 8982, 9700-9701

00080        8, XX        Major Salivary Glands

## Sites:

C079, C080-C081, C088-C089

## Histologies:

8000-8700, 8720-8790, 8941, 8974, 8980, 8982, 9700-9701

00090        9, XX        Nasopharynx

## Sites:

C110, C112-C113, C118-C119

## Sites:

C111

## Schema Discriminator 1:

1

## Histologies:

8000-8700, 9700-9701

00100        10, XX        Oropharynx HPV-Mediated (p16+)

## Sites:

C019, C024, C051-C052,  
C090-C091, C098-C099,  
C100, C102-C104, C108-C109

## Sites:

C111

## Schema Discriminator 1:

2

## Histologies:

8000-8700, 9700-9701

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

Schema Discriminator 2:

2

00111        11.1, XX        Oropharynx (p16-)

Sites:

C019, C024, C051-C052,  
C090-C091, C098-C099,  
C100, C102-C104, C108-C109

Sites:

C111

Schema Discriminator 1:

2

Histologies:

8000-8700, 9700-9701

Schema Discriminator 2:

1, 9

00112        11.2, XX        Hypopharynx

Sites:

C129, C130-C132, C138-C139

Histologies:

8000-8700, 9700-9701

00118        XX                Pharynx Other

Sites:

C140, C142, C148

Histologies:

8000-8700, 9700-9701

00119        XX                Middle Ear

Sites:

C301

Histologies:

8000-8700, 9700-9701

00121        12.1, XX        Maxillary Sinus

Sites:

C310

Histologies:

8000-8700, 8941, 8982, 9700-9701

00122        12.2, XX        Nasal Cavity and Ethmoid Sinus

Sites:

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

C300, C311

## Histologies:

8000-8700, 8941, 8982, 9700-9701

00128 XX Sinus Other

## Sites:

C312-C313, C318-C319

## Histologies:

8000-8700, 9700-9701

00130 13.0, XX Larynx Other

## Sites:

C323, C328-C329

## Histologies:

8000-8700, 9700-9701

00131 13.1, XX Larynx Supraglottic

## Sites:

C101, C321

## Histologies:

8000-8700, 9700-9701

00132 13.2, XX Larynx Glottic

## Sites:

C320

## Histologies:

8000-8700, 9700-9701

00133 13.3, XX Larynx Subglottic

## Sites:

C322

## Histologies:

8000-8700, 9700-9701

00140 14, XX Melanoma Head and Neck

## Sites:

C003-C005, C008-C009, C019,  
 C020-C024, C028-C029,  
 C030-C031, C039,  
 C040-C041, C048-C049,  
 C050-C052, C058-C059,  
 C060-C062, C068-C069,  
 C090-C091, C098-C099,  
 C100-C104, C108-C109,  
 C110-C113, C118-C119, C129,  
 C130-C132, C138-C139,

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

C140, C142, C148,  
C300-C313, C318-C319,  
C320-C323, C328-C329

## Histologies:

8720-8790

00150      15, XX      Cutaneous Carcinoma Head and Neck

## Sites:

C000-C002, C006, C440, C442-C444

## Histologies:

8000-8040, 8042-8180, 8191-8246, 8248-8700, 8940, 8982

00161      16.1      Esophagus (incl GE Junction) Squamous

## Sites:

C150-C155, C158-C159

## Sites:

C160

## Schema Discriminator 1:

2

## Histologies:

8050-8054, 8070, 8074, 8077, 8083, 8560

## Histologies:

8020

## Schema Discriminator 2:

1,9

00169      16.2, XX      Esophagus (incl GE Junction) (excl Squamous)  
                 16.3

## Sites:

C150-C155, C158-C159

## Histologies:

8000-8015, 8021-8046, 8060, 8071-8073, 8075-8076, 8078-8082, 8084-8552,  
8561-8700, 8720-8790, 9700-9701

## Histologies:

8020

## Schema Discriminator 2:

2

## Sites:

C160

## Schema Discriminator 1:

2

## Histologies:

8000-8015, 8021-8046, 8060, 8071-8073, 8075-8076, 8078-8082, 8084-8149,  
8154, 8157, 8160-8231, 8243-8248, 8250-8552, 8561-8682, 8690-8700,  
8720-8790, 9700-9701

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

## Histologies:

8020

## Schema Discriminator 2:

2

00170        17, XX        Stomach

## Sites:

C160

## Schema Discriminator 1:

0, 3, 9

## Sites:

C161-C166 C168-C169

## Histologies:

8000-8149, 8154, 8157, 8160-8231, 8243-8248, 8250-8682, 8690-8700,  
8720-8790, 9700-970100180        18.1, XX        Small Intestine  
                         18.2

## Sites:

C170-C173, C178-C179

## Histologies:

8000-8149, 8154, 8157, 8160-8231, 8243-8248, 8250-8682, 8690-8700,  
8720-8790, 9700-9701

00190        19, XX        Appendix

## Sites:

C181

## Histologies:

8000-8149, 8154, 8157, 8160-8231, 8243-8248, 8250-8682, 8690-8700,  
8720-8790, 9700-9701

00200        20, XX        Colon and Rectum

## Sites:

C180, C182-C189, C199, C209

## Histologies:

8000-8149, 8154, 8157, 8160-8231, 8243-8248, 8250-8682, 8690-8700,  
8720-8790, 9700-9701

00210        21, XX        Anus

## Sites:

C210-C212, C218

## Histologies:

8000-8700, 8720-8790, 9700-9701



**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

00220          22, XX          Liver

Sites:

C220

Histologies:

8000-8700, 8720-8790, 9700-9701

00230          23, XX          Bile Ducts Intrahepat

Sites:

C221

Histologies:

8000-8700, 8720-8790, 8980, 9700-9701

00241          24, XX          Gallbladder

Sites:

C239

Histologies:

8000-8700, 8720-8790, 9700-9701

00242          24, XX          Cystic Duct

Sites:

C240

Schema Discriminator 1:

3

Histologies:

8000-8700, 8720-8790, 9700-9701

00250          25, XX          Bile Ducts Perihilar

Sites:

C240

Schema Discriminator 1:

1, 5, 6, 9

Histologies:

8000-8700, 8720-8790, 9700-9701

00260          26, XX          Bile Ducts Distal

Sites:

C240

Schema Discriminator 1:

4, 7

Histologies:

8000-8700, 8720-8790, 9700-9701

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

00270 27, XX Ampulla Vater

## Sites:

C241

## Histologies:

8000-8149, 8154, 8157, 8160-8231, 8243-8248, 8250-8682, 8690-8700,  
8720-8790, 9700-9701

00278 XX Biliary Other

## Sites:

C248-C249

## Histologies:

8000-8700, 8720-8790, 9700-9701

00280 28, XX Pancreas

## Sites:

C250-C254, C257-C259

## Histologies:

8000-8149, 8154, 8157, 8160-8231, 8243-8248, 8250-8682, 8690-8700,  
8720-8790, 8971, 9700-9701

00288 XX Digestive Other

## Sites:

C260, C268-C269

## Histologies:

8000-8700, 8720-8790, 9700-9701

00290 29, XX NET Stomach

## Sites:

C160-C166, C168-C169

## Histologies:

8150-8153, 8155-8156, 8158, 8240-8242, 8249, 8683

00301 30, XX NET Duodenum

## Sites:

C170

## Histologies:

8150-8153, 8155-8156, 8158, 8240-8242, 8249, 8683

00302 30, XX NET Ampulla of Vater

## Sites:

C241

## Histologies:

8150-8153, 8155-8156, 8158, 8240-8242, 8249, 8683

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

00310 31, XX NET Jejunum and Ileum

## Sites:

C171-C173, C178-C179

## Histologies:

8150-8153, 8155-8156, 8158, 8240-8242, 8249, 8683

00320 32, XX NET Appendix

## Sites:

C181

## Histologies:

8150-8153, 8155-8156, 8158, 8240-8242, 8249, 8683

00330 33, XX NET Colon and Rectum

## Sites:

C180, C182-C189, C199, C209

## Histologies:

8150-8153, 8155-8156, 8158, 8240-8242, 8249, 8683

00340 34, XX NET Pancreas

## Sites:

C250-C254, C257-C259

## Histologies:

8150-8153, 8155-8156, 8158, 8240-8242, 8249, 8683

00350 35, XX Thymus

## Sites:

C379

## Histologies:

8000-8700, 8720-8790, 9700-9701

00358 XX Trachea

## Sites:

C339

## Histologies:

8000-8700, 8720-8790, 9700-9701

00360 36, XX Lung

## Sites:

C340-C343, C348-C349

## Histologies:

8000-8700, 8720-8790, 8972, 8980, 9700-9701

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

00370            37, XX            Pleural Mesothelioma

## Sites:

C340-C349, C384

## Histologies:

9050-9053

00378            XX            Respiratory Other

## Sites:

C390, C398-C399

## Histologies:

8000-8700, 8720-8790, 9700-9701

00381            38.1, XX            Bone Appendicular Skeleton

## Sites:

C400-C403, C408-C411, C413, C418-C419

## Histologies:

8000-8934, 8940-9137, 9141-9582, 9700-9701

00382            38.2, XX            Bone Spine

## Sites:

C412

## Histologies:

8000-8934, 8940-9137, 9141-9582, 9700-9701

00383            38.3, XX            Bone Pelvis

## Sites:

C414

## Histologies:

8000-8934, 8940-9137, 9141-9582, 9700-9701

00400            40, XX            Soft Tissue Head and Neck

## Sites:

C000-C002, C006

## Histologies:

8710-8714, 8800-8803, 8810-8905, 8912, 8921, 8932-8934, 8941-8981,  
8983-8990, 9000-9016, 9030-9043, 9045-9110, 9121-9137, 9141-9230,  
9240-9580, 9582

## Sites:

C003-C005, C008-C009, C020-C023, C028-C050, C058-C069

## Histologies:

8710-8714, 8800-8803, 8810-8905, 8912, 8921, 8932-8934, 8940-8981,  
8983-8990, 9000-9016, 9030-9043, 9045-9110, 9121-9137, 9141-9230,  
9240-9580, 9582

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

## Sites:

C019, C024, C051-C052, C090-C148,  
C150, C153, C158, C301, C312-C329,  
C739, C750, C754-C759

## Histologies:

8710-8714, 8800-8803, 8810-8905, 8912, 8921, 8932-8934, 8940-8990,  
9000-9016, 9030-9043, 9045-9110, 9121-9137, 9141-9230, 9240-9580, 9582

## Sites:

C079-C089

## Histologies:

8710-8714, 8800-8803, 8810-8905, 8912, 8921, 8932-8934, 8940, 8950-  
8973,  
8975, 8981, 8983-8990, 9000-9016, 9030-9043, 9045-9110, 9121-9137,  
9141-9230, 9240-9580, 9582

## Sites:

C300, C310-C311

## Histologies:

8710-8714, 8800-8803, 8810-8905, 8912, 8921, 8932-8934, 8940,  
8950-8981,  
8983-8990, 9000-9016, 9030-9043, 9045-9110, 9121-9137, 9141-9230,  
9240-9580, 9582

## Sites:

C470, C490

## Histologies:

8000-8803, 8810-8905, 8912, 8921, 8932-8934, 8940-8990, 9000-9016,  
9030-9043, 9045-9110, 9121-9137, 9141-9230, 9240-9580, 9582, 9700-9701

## Sites:

C722, C724-C725, C751-C753

## Histologies:

8710-8714, 8800-8803, 8810-8898, 8901-8905, 8912, 8921, 8932-8934,  
8940-8990, 9000-9016, 9030-9043, 9045-9063, 9065, 9072-9073, 9081-9083,  
9086-9091, 9101-9110, 9121-9137, 9141-9210, 9221-9230, 9240-9361,  
9363-9373, 9540-9580, 9582

## Behavior:

3

00410

41, XX

Soft Tissue Trunk and Extremities

## Sites:

C471-C472, C476, C478-C479, C491-C492, C496, C498-C499

## Histologies:

8000-8803, 8810-8921, 8932-8934, 8940-8990, 9000-9016, 9030-9043,  
9045-9137, 9141-9230, 9240-9580, 9582, 9700-9701

## Sites:

C500-C506, C508-C509

## Histologies:

8710-8714, 8800-8803, 8810-8921, 8932-8934, 8940-8981, 8990, 9000-9016,  
9030-9043, 9045-9137, 9141-9230, 9240-9580, 9582

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

00421            42, XX            Soft Tissue Abdomen and Thorax

## Sites:

C151-C152, C154-C155, C159  
C160-C220, C239-C249, C260-C269,  
C339, C379, C600-C619, C630-C689

## Histologies:

8710-8714, 8800-8803, 8810-8921, 8932-8934, 8940-8990, 9000-9016,  
9030-9043, 9045-9137, 9141-9230, 9240-9580, 9582

## Sites:

C221

## Histologies:

8710-8714, 8800-8803, 8810-8921, 8932-8934, 8940-8975, 8981-8990,  
9000-9016, 9030-9043, 9045-9137, 9141-9230, 9240-9580, 9582

## Sites:

C250-C259

## Histologies:

8710-8714, 8800-8803, 8810-8921, 8932-8934, 8940-8970, 8972-8990,  
9000-9016, 9030-9043, 9045-9137, 9141-9230, 9240-9580, 9582

## Sites:

C340-C349

## Histologies:

8710-8714, 8800-8803, 8810-8921, 8932-8934, 8940-8971, 8973-8975,  
8981-8990, 9000-9016, 9030-9043, 9045, 9054-9137, 9141-9230,

9240-9580,

9582

## Sites:

C473-C475, C493-C495

## Histologies:

8000-8803, 8810-8921, 8932-8934, 8940-8990, 9000-9016, 9030-9043,  
9045-9137, 9141-9230, 9240-9580, 9582, 9700-9701

## Sites:

C510-C519

## Histologies:

8710-8714, 8800-8803, 8810-8921, 8932-8934, 8940-8990, 9000-9016,  
9030-9043, 9045-9070, 9072-9137, 9141-9230, 9240-9580, 9582

## Sites:

C529

## Histologies:

8710-8714, 8800-8803, 8810-8921, 8932, 8934, 8940-8975, 8981-8990,  
9000-9016, 9030-9043, 9045-9070, 9072-9105, 9120-9137, 9141-9230,  
9240-9580, 9582

## Sites:

C530-C539

## Histologies:

8710-8714, 8800-8803, 8810-8921, 8932, 8934, 8940-8975, 8981-8990,  
9000-9016, 9030-9043, 9045-9105, 9120-9137, 9141-9230, 9240-9580, 9582

## Sites:

C589

## Histologies:

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

8710-8714, 8800-8803, 8810-8921, 8932-8934, 8940-8990, 9000-9016,  
9030-9043, 9045-9091, 9110-9137, 9141-9230, 9240-9580, 9582

Sites:

C620-C629

Histologies:

8710-8714, 8800-8803, 8810-8921, 8932-8934, 8940-8990, 9000-9016,  
9030-9043, 9045-9060, 9062-9063, 9072-9073, 9082-9083, 9086-9091,  
9102-9103, 9110-9137, 9141-9230, 9240-9580, 9582

00422      42, XX      Heart, Mediastinum, and Pleura

Sites:

C380-C383, C388

Histologies:

8000-8803, 8810-8921, 8932-8934, 8940-8990, 9000-9016, 9030, 9040-9043,  
9045-9137, 9141-9230, 9240-9580, 9582, 9700-9701

Sites:

C384

Histologies:

8000-8803, 8810-8921, 8932-8934, 8940-8990, 9000-9016, 9030, 9040-9043,  
9045, 9054-9137, 9141-9230, 9240-9580, 9582, 9700-9701

00430      43.1, XX      GIST  
                         43.2

Sites:

C000-C539, C571-C699, C739-C750, C754-C809

Schema Discriminator 1:

1, 2, 9 (required only for C481 for AJCC ID and staging)

Histologies:

8935-8936

Sites:

C700-C729, C751-C753

Histologies:

8935-8936

Behavior:

3

00440      44, XX      Retroperitoneum

Sites:

C480

Histologies:

8000-8803, 8810-8921, 8932-8934, 8940-8990, 9000-9016, 9030-9043,  
9045-9137, 9141-9230, 9240-9580, 9582, 9700-9701

Sex:

Any value

Sites:

C481-C482, C488

Histologies:

8000-8700, 8720-8790, 8822, 8933, 8950, 8960, 8980, 9000, 9050, 9052,  
9060,

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

9070-9071, 9073, 9080, 9085, 9090-9091, 9100, 9110, 9700-9701

Sex:

1, 3, 4, 5, 9

Sites:

C481-C482, C488

Histologies:

8710-8714, 8800-8803, 8810-8821, 8823-8921, 8932, 8934, 8940-8941,  
8951-8959, 8963-8975, 8981-8990, 9010-9016, 9030-9043, 9045, 9051,  
9053-9055, 9061-9065, 9072, 9081-9084, 9086, 9101-9105, 9120-9137,  
9141-9230, 9240-9580, 9582

Sex:

Any value

00450

45 (XX)

Soft Tissue Other

Sites:

C000-C148, C150, C153, C158, C300-C329,  
C470, C490, C739, C750, C754-C759

Histologies:

8804-8806, 8910, 8920, 8930-8931, 8991, 9020, 9044, 9120, 9231, 9581

Sites:

C151-C152, C154-C155, C159  
C160-C269, C339-C388, C471-C479, C491-C499,  
C500-C509, C529, C589-C689

Histologies:

8804-8806, 8930-8931, 8991, 9020, 9044, 9231, 9581

Sites:

C390, C398-C399, C420-C424

Histologies:

8710-8714, 8800-8934, 8940-9137, 9141-9582

Sites:

C440, C442-C449

Histologies:

8710-8714, 8800-8934, 8941-8981, 8983-9137, 9141-9582

Sites:

C441

Histologies:

8710-8714, 8800-8934, 8950-8975, 8981-9137, 9141-9582

Sites:

C480-C488

Histologies:

8804-8805, 8991, 9020, 9044, 9231, 9581

Sites:

C480

Histologies:

8806, 8930-8931

Sites:

C481-C488

Histologies:



\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)  
 8806, 8930-8931  
 Sex:  
 1,3,4,5,9  
 Sites:  
 C510-C519  
 Histologies:  
 8804-8806, 8930-8931, 8991, 9044, 9231, 9581  
 Sites:  
 C530-C539  
 Histologies:  
 8804, 8806, 8930-8931, 8991, 9020, 9044, 9231  
 Site:  
 C569, C570  
 Histologies:  
 8710-8714, 8800-8805, 8811-8814, 8820-8821, 8823-8824, 8826-8881,  
 8891-8921, 8932, 8934, 8940-8941, 8951-8959, 8963-8975, 8981-8991,  
 9010-9045, 9051, 9053-9055, 9061-9065, 9072, 9081-9084, 9086, 9101-  
 9105,  
 9120-9137, 9141-9582  
 Sites:  
 C571-C579  
 Histologies:  
 8710-8714, 8800-8934, 8940-9137, 9141-9582  
 Sites:  
 C690-C696, C698-C699  
 Histologies:  
 8930-8931, 8991, 9020, 9180, 9231  
 Sites:  
 C700-C721, C728-C729  
 Histologies:  
 8710-8714, 8800-8801, 8803-8806, 8811-8814, 8820-8842, 8851-8881,  
 8891-8898, 8901-8934, 8940-9063, 9065, 9072-9073, 9081-9083, 9086-9091,  
 9110, 9121-9132, 9135-9137, 9141-9175, 9181-9210, 9221-9361, 9363,  
 9365-9373, 9541-9582  
 Behavior:  
 3  
 Sites:  
 C722, C724-C725, C751-C753  
 Histologies:  
 8804-8806, 8910, 8920, 8930-8931, 8991, 9020, 9044, 9231, 9581  
 Behavior:  
 3  
 Sites:  
 C723  
 Histologies:  
 8930-8931, 8991, 9020, 9231  
 Behavior:  
 3  
 Sites:

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

C740-C749, C761-C765, C767-C768, C770-C775, C778-C779, C809

## Histologies:

8710-8714, 8800-8934, 8940-9137, 9141-9582

## Sites:

C760

## Histologies:

8710-8714, 8800-8934, 8940, 8950-9137, 9141-9582

## Histologies:

8941

## Schema Discriminator 1:

0, 1

00458 45 (XX) Kaposi Sarcoma

## Sites:

C000-C699, C739-C750, C754-C809

## Histologies:

9140

00460 46 Merkel Cell Skin

## Sites:

C000-C009, C440-C449, C510-C512, C518-C519,  
C600-C602, C608-C609, C632, C809

## Histologies:

8041, 8190, 8247

00470 47, XX Melanoma Skin

## Sites:

C000-C002, C006, C440-C449, C500, C510-C519, C600-C609, C632

## Histologies:

8720-8790

00478 XX Skin Other

## Sites:

C445-C449

## Histologies:

8000-8040, 8042-8180, 8191-8246, 8248-8700, 8940, 8982

00480 48.1, XX Breast  
48.2

## Sites:

C500

## Histologies:

8000-8700, 8982-8983, 9700-9701

## Sites:

C501-C506, C508-C509

## Histologies:

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**  
8000-8700, 8720-8790, 8982-8983, 9700-9701

00500        50, XX        Vulva

Sites:

C510-C519

Histologies:

8000-8040, 8042-8180, 8191-8246, 8248-8700, 9020, 9071

00510        51, XX        Vagina

Sites:

C529

Histologies:

8000-8700, 8720-8790, 8933, 8980, 9071, 9110, 9700-9701

00520        52,XX        Cervix

Sites:

C530-C531, C538-C539

Histologies:

8000-8700, 8720-8790, 8805, 8933, 8980, 9110, 9581, 9700-9701

00530        53, XX        Corpus Carcinoma

Sites:

C540-C543, C548-C549, C559

Histologies:

8000-8700, 8720-8790, 8950, 8980, 9700-9701

00541        54.1, XX        Corpus Sarcoma

Sites:

C540-C543, C548-C549, C559

Histologies:

8710-8714, 8800-8932, 8934-8941, 8951-8975, 8981-9137, 9141-9582

00542        54.2        Corpus Adenosarcoma

Sites:

C540-C543, C548-C549, C559

Histologies:

8933

00551        55, XX        Ovary

Sites:

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

C569  
Histologies: 8000-8700, 8720-8790, 8806, 8810, 8815, 8822, 8825, 8890, 8930-8931, 8933, 8935-8936, 8950, 8960, 8980, 9000, 9050, 9052, 9060, 9070-9071, 9073, 9080, 9085, 9090-9091, 9100, 9110, 9700-9701

00552 55, XX Primary Peritoneal Carcinoma

Sites: C481-C482, C488  
Histologies: 8000-8700, 8720-8790, 8806, 8822, 8930-8931, 8933, 8950, 8960, 8980, 9000, 9050, 9052, 9060, 9070-9071, 9073, 9080, 9085, 9090-9091, 9100, 9110, 9700-9701  
Sex: 2, 6

00553 55, XX Fallopian Tube

Sites: C570  
Histologies: 8000-8700, 8720-8790, 8806, 8810, 8815, 8822, 8825, 8890, 8930-8931, 8933, 8935-8936, 8950, 8960, 8980, 9000, 9050, 9052, 9060, 9070-9071, 9073, 9080, 9085, 9090-9091, 9100, 9110, 9700-9701

00558 XX Adnexa Uterine Other

Sites: C571-C574  
Histologies: 8000-8700, 8720-8790, 9700-9701

00559 XX Genital Female Other

Sites: C577-C579  
Histologies: 8000-8700, 8720-8790, 9700-9701

00560 56, XX Placenta

Sites: C589  
Histologies:

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**  
8000-8700, 8720-8790, 9100-9105, 9700-9701

00570        57, XX        Penis

Sites:

C600-C602, C608-C609

Histologies:

8000-8040, 8042-8180, 8191-8246, 8248-8700

00580        58, XX        Prostate

Sites:

C619

Histologies:

8000-8700, 8720-8790, 9700-9701

00590        59, XX        Testis

Sites:

C620-C621, C629

Histologies:

8000-8700, 8720-8790, 9061, 9064-9065, 9070-9071, 9080-9081,  
9084-9085,  
9100-9101, 9104-9105, 9700-9701

00598        XX                Genital Male Other

Sites:

C630-C631, C637-C639

Histologies:

8000-8700, 8720-8790, 9700-9701

Sites:

C632

Histologies:

8000-8040, 8042-8180, 8191-8246, 8248-8700

00600        60, XX        KidneyParenchyma

Sites:

C649

Histologies:

8000-8700, 8720-8790, 9700-9701

00610        61.1, XX        Kidney Renal Pelvis  
61.2

Sites:

C659, C669

Histologies:

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**  
8000-8700, 8720-8790, 9700-9701

00620        62.1, XX        Bladder  
             62.2

Sites:

C670-C679

Histologies:

8000-8700, 8720-8790, 9700-9701

00631        63.1, XX        Urethra  
             63.2

Sites:

C680

Schema Discriminator 1:

1

Histologies:

8000-8700, 8720-8790, 9700-9701

00633        63.3, XX        Urethra-Prostatic  
             63.4

Sites:

C680

Schema Discriminator 1:

2

Histologies:

8000-8700, 8720-8790, 9700-9701

00638        XX                    Urinary Other

Sites:

C681, C688-C689

Histologies:

8000-8700, 8720-8790, 9700-9701

00640        64, XX            Skin Eyelid

Sites:

C441

Histologies:

8000-8040, 8042-8180, 8191-8246, 8248-8700, 8940-8941, 8980

00650        65, XX            Conjunctiva

Sites:

C690

Histologies:

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**  
8000-8700, 9700-9701

00660          66, XX          Melanoma Conjunctiva

Sites:

C690

Histologies:

8720-8790

00671          67.1, XX          Melanoma Iris

Sites:

C694

Histologies:

8720-8790

Schema Discriminator 1:

2

00672          67.2, XX          Melanoma Choroid and Ciliary Body

Sites:

C693

Sites:

C694

Schema Discriminator 1:

1

Histologies:

8720-8790

00680          68, XX          Retinoblastoma

Sites:

C690-C696, C698-C699

Histologies:

9510-9514

00690          69, XX          Lacrimal Gland

Sites:

C695

Schema Discriminator 1:

1

Histologies:

8000-8700, 8941, 8980, 8982, 9700-9701

00698          XX          Lacrimal Sac

Sites:

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

C695

Schema Discriminator 1:

2,9

Histologies:

8000-8700, 8941, 8980, 8982, 9700-9701

00700      70, XX      Orbital Sarcoma

Sites:

C690-C694, C696, C698-C699

Histologies:

8710-8714, 8800-8921, 8932-8934, 8940-8990, 9000-9016, 9030-9137,  
9141-9175, 9181-9230, 9240-9509, 9520-9582

Sites:

C695

Histologies:

8710-8714, 8800-8921, 8932-8934, 8940, 8950-8975, 8981, 8983-  
8990,  
9000-9016, 9030-9137, 9141-9175, 9181-9230, 9240-9509, 9520-9582

Sites:

C723

Histologies:

8710-8714, 8800-8921, 8932-8934, 8940-8990, 9000-9016, 9030-9063,  
9065,  
9071-9073, 9081-9083, 9086-9091, 9101-9137, 9141-9175, 9181-9230,  
9240-9361, 9363-9373, 9421, 9473, 9500, 9522, 9530, 9540-9582

Behavior:

3

00710      71, XX      Lymphoma      Ocular Adnexa

Sites:

C441, C690, C695-C696

Histologies:

9590-9699, 9702-9719, 9725-9726, 9734-9738, 9823, 9826-9827, 9930

00718      XX      Eye Other

Sites:

C691-C692, C696, C698-C699

Histologies:

8000-8700, 8720-8790, 9700-9701

Sites:

C693-C694

Histologies:

8000-8700, 9700-9701

Sites:

C695

Histologies:

8720-8790



SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)

00721        72, XX        Brain

## Sites:

C700, C710-C719

## Histologies:

8000-8700, 8720-8790, 8802, 8810, 8815, 8850, 8890, 8900, 9064, 9070-9071,  
9080, 9084-9085, 9100-9105, 9120, 9133, 9140, 9180, 9220, 9362, 9364,  
9380-9540, 9680, 9699, 9700-9714, 9751-9759

## Behavior:

0, 1, 3

## Histologies:

8710-8714, 8800-8801, 8803-8806, 8811-8814, 8820-8842, 8851-8881,  
8891-8898, 8901-9063, 9065, 9072-9073, 9081-9083, 9086-9091, 9110,  
9121-9132, 9135-9137, 9141-9175, 9181-9210, 9221-9361, 9363, 9365-9373,  
9541-9582, 9590-9679, 9687-9698, 9716-9742, 9761-9992

## Behavior:

0,1

00722        72, XX        CNS Other

## Sites:

C701, C709, C720-C721, C728-C729

## Histologies:

8000-8700, 8720-8790, 8802, 8810, 8815, 8850, 8890, 8900, 9064, 9070-9071,  
9080, 9084-9085, 9100-9105, 9120, 9133, 9140, 9180, 9220, 9362, 9364,  
9380-9540, 9680, 9699, 9700-9714, 9751-9759

## Behavior:

0, 1, 3

## Sites:

C701, C709, C720-C721, C728-C729

## Histologies:

8710-8714, 8800-8801, 8803-8806, 8811-8814, 8820-8842, 8851-8881,  
8891-8898, 8901-9063, 9065, 9072-9073, 9081-9083, 9086-9091, 9110,  
9121-9132, 9135-9137, 9141-9175, 9181-9210, 9221-9361, 9363,  
9365-9373, 9541-9582, 9590-9679, 9687-9698, 9716-9742, 9761-9992

## Behavior:

0, 1

## Sites:

C722, C724-C725

## Histologies:

8000-8700, 8720-8790, 8900, 9064, 9070-9071, 9080, 9084-9085, 9100,  
9120, 9140, 9220, 9362, 9380-9539, 9680, 9699, 9700-9714, 9751-9759

## Behavior:

0, 1, 3

## Sites:

C722, C724-C725

## Histologies:

8710-8714, 8800-8898, 8901-9063, 9065, 9072-9073, 9081-9083,  
9086-9091,

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

9101-9110, 9121-9137, 9141-9210, 9221-9361, 9363-9373, 9540-9582,  
9590-9679, 9687-9698, 9716-9742, 9761-9992

Behavior:

0, 1

Sites:

C723

Histologies:

8000-8700, 8720-8790, 9064, 9070, 9080, 9084-9085, 9100, 9140, 9180,  
9362, 9380-9420, 9423-9472, 9474-9493, 9501-9521, 9523, 9531-9539, 9680,  
9699, 9700-9714, 9751-9759

Behavior:

0, 1, 3

Sites:

C723

Histologies:

8710-8714, 8800-9063, 9065, 9071-9073, 9081-9083, 9086-9091, 9101-9137,  
9141-9175, 9181-9361, 9363-9373, 9421, 9473, 9500, 9522, 9530,  
9540-9582, 9590-9679, 9687-9698, 9716-9742, 9761-9992

Behavior:

0, 1

00723      72, XX      Intracranial Gland

Sites:

C751-C753

Histologies:

8000-8700, 8720-8790, 8900, 9064, 9070-9071, 9080, 9084-9085, 9100,  
9120,  
9140, 9220, 9362, 9380-9539, 9680, 9699, 9700-9714, 9751-9759

Behavior:

0, 1, 3

Sites:

C751-C753

Histologies:

8710-8714, 8800-8898, 8901-9063, 9065, 9072-9073, 9081-9083,  
9086-9091,  
9101-9110, 9121-9137, 9141-9210, 9221-9361, 9363-9373, 9540-9582,  
9590-9679, 9687-9698, 9716-9742, 9761-9992

Behavior:

0, 1

00730      73.1, XX      Thyroid  
                 73.2

Sites:

C739

Schema Discriminator 1:

1, 2 (for AJCC ID and staging only)

Histologies:

8000-8344, 8350-8420, 8440-8509, 8514-8700, 8720-8790, 9700-9701

00740      74, XX      Thyroid Medullary

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

Sites:

C739

Schema Discriminator 1:

1, 2 (for AJCC ID and staging only)

Histologies:

8345-8347, 8430, 8510, 8512-8513

00750

75, XX

Parathyroid

Sites:

C750

Histologies:

8000-8700, 8720-8790, 9700-9701

00760

76, XX

Adrenal Gland

Sites:

C740-C741, C749

Histologies:

8000-8671, 8681-8683, 8691, 8720-8790, 9700-9701

00770

77

NET Adrenal Gland

Sites:

C740-C741, C749, C755

Histologies:

8680, 8690, 8692-8693, 8700

00778

XX

Endocrine Other

Sites:

C754, C758-C759

Histologies:

8000-8700, 8720-8790, 9700-9701

Sites:

C755

Histologies:

8000-8671, 8681-8683, 8691, 8720-8790, 9700-9701

00790

79.0-79.4, XX

Lymphoma (excluding CLL/SLL)

79.6-79.7

Sites:

C000-C424, C470-C509, C511-C608, C619-C631, C637-C689,  
C691-C694, C698-C699, C739-C749, C760-C809

Histologies:

9590, 9596-9663, 9673-9699, 9702-9719, 9725-9726, 9735, 9737-9738,  
9826-9827

Histologies:

9591

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

Schema Discriminator 1:

3, 9

Sites:

C440, C442-C449, C510, C609, C632

Histologies:

9590, 9596, 9650-9663, 9673-9679, 9687-9699, 9702-9705, 9714-9717,  
9725,  
9735, 9737-9738, 9826-9827

Histologies:

9591

Schema Discriminator 1:

3, 9

Sites:

C700-C729, C751-C753

Histologies:

9590, 9596-9663, 9673-9679, 9687-9698, 9716-9719, 9725-9726, 9735,  
9737-9738, 9826-9827

Behavior:

3

Histologies:

9591

Behavior:

3

Schema Discriminator 1

3, 9

Sites:

C750, C754-C759

Histologies:

9590, 9596-9663, 9673-9680, 9687-9699, 9702-9719, 9725-9726, 9735,  
9737-9738, 9826-9827

Histologies:

9591

Schema Discriminator 1:

3, 9

00795 79.5, XX Lymphoma (CLL/SLL)

Sites:

C000-C440, C442-C689, C691-C694, C698-C699, C739-C750, C754-C809

Histologies:

9823

Sites:

C700-C729, C751-C753

Histologies:

9823

Behavior:

3

00811 81.1 Mycosis Fungoides

Sites:

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

C000-C002, C006, C440-C449, C510-C519, C600-C609, C632

Histologies:

9700-9701

00812            81.2            Primary Cutaneous Lymphoma, non MF

Sites:

C440, C442-C449, C510, C609, C632

Histologies:

9597, 9680, 9708-9709, 9712, 9718-9719, 9726

00821            82.1 XX            Plasma Cell Myeloma

Sites:

C000-C699, C739-C750, C754-C809

Histologies:

9732

Schema Discriminator 1:

0, 1, 9 (for staging SSDI only)

Sites:

C700-C729, C751-C753

Histologies:

9732

Behavior:

3

Schema Discriminator 1:

0, 1, 9 (for staging SSDI only)

00822            82.2 XX            Plasma Cell Disorder

Sites:

C000-C440, C442-C689, C691-C694, C698-C699, C739-C750, C754-C809

Histologies:

9671, 9731, 9734, 9761

Sites:

C441, C690, C695-C696

9731, 9761

Sites:

C700-C729, C751-C753

Histologies:

9671, 9731, 9734, 9761

Behavior:

3

00830            83.0, XX            HemeRetic

83.1

83.2

83.3

83.4

Sites:

**\_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR)**

C000-C440, C442-C689, C691-C694, C698-C699, C739-C750, C754-C809

Histologies:

9591

Schema Discriminator 1:

1, 2

Histologies:

9724, 9727, 9740-9742, 9751-9759, 9762-9809, 9811-9820, 9831-9920, 9930  
9931-9992

Sites:

C441, C690, C695-C696

Histologies:

9724, 9727, 9740-9742, 9751-9759, 9762-9809, 9811-9820, 9831-9920,  
9931-9992

Sites:

C700-C729, C751-C753

Histologies:

9591

Behavior:

3

Schema Discriminator 1:

1, 2

Histologies:

9724, 9727, 9740-9742, 9762-9809, 9811-9820, 9831-9920,  
9930, 9931-9992

Behavior:

3

99999 XX Ill-Defined Other

Sites:

C420-C424, C761-C765, C767-C768, C770-C775, C778-C779

Histologies:

8000-8700, 8720-8790, 9700-9701

Sites:

C760

Histologies:

8000-8700, 8720-8790, 9700-9701

Schema Discriminator 1:

0, 1

Sites:

C809

Histologies:

8000-8040, 8042-8180, 8191-8246, 8248-8700, 8720-8790, 9700-9701

***Administrative Notes***

New edit - NAACCR v18 metafile.

Modifications

**\_SYS Schema ID, Site, Histo, Sex (NAACCR)****NAACCR v18A**

- Corrected edit logic so correct schema error message displayed if coding does not match reported Schema ID
- Added skip for blank Behavior Code ICD-O-3
- Schema Discriminator 1 noted "for AJCC ID and staging only" for 00430, 00730, 00740 in Description, mapped to "X" in edit logic
- Description updated:
- Sites/Histologies reorganized in 00821, 00830
- Sites for 00150 combined into one line
- 8941 removed from histologies for 99999, C760
- 9382 removed from histology list for 00721, Beh 0,1,3
- 9680, 9699, 9702-9714 added to histology list for 00790, sites C750, C754-C759
- 9714-9719 in 00790 for C700-C729, C751-C753 changed to 9716-9719
- AJCC ID names removed from 00169-16.3, 00180-18.2
- Notations for Schema Discriminator 1: "Any value" removed from 99999
- Notation for Schema Discriminator 1 for 00821 modified,"for staging SSDI only"

**NAACCR v18C**

- Description corrected to show Schema Discriminator 1 = 2 for 00111, C111
- Logic corrected, final comparison, "if (strcmp(#S"Schema ID", gpcode) !=0" changed to "if (strcmp(#S"Schema ID", group) !=0"
- Logic corrected, 8980 added to list of histologies with sex mapped to SD1
- Logic corrected, else statements added at level of SQLRANGELOOKUP statements
- Description updated to move 8720-8790, C210, from 00470, Melanoma of Skin, to 00210, Anus
- Description updated to move 8041, C809, from 00460, Merkel Cell, to 99999, Ill-Defined Other
- Description updated to also identify 00430, 00730, and 00740 as Schema ID's where SD1 mapped to X.

**NAACCR v18D**

- Logic corrected, Mapping of SD1 to X for C739 not done if Histologic Type ICD-O-3 = 9591
- Description updated, AJCC ID XX added to title lines for Schema ID 00450 and 00458, to indicate that TNM.DLL may assign AJCC ID
- XX to these sites/histologies listed in Chapter 45 of the 8th Edition
- Description updated, "only" added, "where AJCC ID is listed only as 'XX' "

**\_SYS Schema ID, Site, Histo, Sex (NAACCR)**

Agency: NAACCR

Last changed: 10/05/2018 11:32:14

*Edit Tag N3069****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

***Description***

\_SYS in edit name indicates an edit on system-generated data items. The edit is intended for use by software vendors in testing the accuracy of algorithms used

**\_SYS Schema ID, Site, Histo, Sex (NAACCR)**

to assign Schema ID, and for use by central registries in verifying the quality of submitted data.

1. The edit is skipped for the following conditions:
  - Date of diagnosis before 2018.
  - Schema ID is blank.
  - Sex is blank.
  - Schema ID not = 00440, 00450, 00552 (ID assignment depends on sex)
2. This edit verifies that Schema ID has been assigned correctly where Primary Site and Histologic Type ICD-O-3 codes are not sufficient to identify the appropriate EOD staging scheme. Sex is required to discriminate between histologies assigned to Primary Peritoneal Carcinoma (female), Retroperitoneum (male), and Soft Tissue Other.

The edit checks that Schema ID, Primary Site code, Histologic Type ICD-O-3 code, and Sex code occur together within the edited record, as shown in the following chart. If there is an edit failure, the problem may be due to a software error. If coding is reviewed and correct, the software vendor should be consulted for assistance in resolving the issue.

SCHEMA ID	SITE	HISTO	Sex
00440 Retroperitoneum	C481- C482, C488	8000-8700	1,3,4,5,9
		8720-8790	
		8822, 8933	
		8950, 8960	
		8980, 9000	
		9050, 9052	
		9060	
		9070-9071	
		9073, 9080	
		9085	
		9090-9091	
		9100, 9110	
		9700-9701	
00450 Soft Tissue Other	C481- C482, C488	8806	1,3,4,5,9
		8930	
		8931	
00552 Primary Peritoneal Carcinoma	C481- C482, C488	8000-8700	2,6
		8720-8790	
		8806, 8822	
		8930-8931	
		8933, 8950	
		8960, 8980	
		9000, 9050	
		9052, 9060	
		9070-9071	
		9073, 9080	
		9085	
		9090-9091	
		9100, 9110	
		9700-9701	



**Abstracted By (NAACCR)**

SCHEMA ID	SEX CODES AND DEFINITIONS
00450	1: Male 3: Other (Hermaphrodite) 4: Transsexual, NOS 5: Transsexual, natal male 9: Not stated, unknown
00552	2: Female 6: Transsexual, natal female

***Administrative Notes***

New edit - NAACCR v18 metafile

**Modifications****NAACCR v18A**

- Description, logic updated to skip if either Schema ID or Sex is blank

**NAACCR v18B**

- Description, Logic updated to skip for Schema ID where sex not considered in ID assignment

**Abstracted By (NAACCR)**

Agency: NAACCR

Last changed: 03/29/1997

*Edit Tag* N0201

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Field must contain alphanumeric characters. Special characters are not allowed, and the field must not be blank.

**Addr at DX--City (NAACCR)**

Agency: NAACCR

Last changed: 04/05/2007

*Edit Tag* N0799

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Addr at DX--Country (NAACCR)****Description**

Item may not be blank. Must be alpha, left-justified, and blank-filled. Mixed case is allowed, but uppercase is preferred by USPS. Embedded spaces are allowed, but no more than one consecutive embedded space is allowed. Special characters are not allowed.

Although dashes and numbers are generally not allowed, there are a few official USPS exceptions. The following city names will pass:

BLAIRSDEN-GRAEGLE  
BLRSDN-GREAGL  
57TH AVE  
MCBH K-BAY  
VLG OF 4 SSNS  
BATESBURG-LEESVILLE  
BATSBRG-LEVIL

**Administrative Notes**

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

**Addr at DX--Country (NAACCR)**

Agency: NAACCR

Last changed: 12/08/2014

Edit Tag N1666

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

Addr at DX--Country must contain a valid ISO code or standard custom code for country.

**Administrative Notes**

New edit - added to NAACCR v13 metafile.

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

**Modifications**

NAACCR v15

Country code table (CNTRY\_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'  
Czechoslovakia (former) - 'XCZ' changed to 'CSK'  
Slovakia - 'SWK' changed to 'SVK'  
Vanuatu - 'VLT' changed to 'VUT'  
Yugoslavia (former) - 'XYG' changed to 'YUG'

**Addr at DX--Country, Date of Diagnosis (NAACCR)**

Added Saint-Martin (French part) - 'MAF'

**Addr at DX--Country, Date of Diagnosis (NAACCR)**

Agency: NAACCR

Last changed: 10/08/2014

*Edit Tag* N1683***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE

***Description***

This edit is skipped if either field is blank.

If year of Date of Diagnosis is 2013 or later, then Addr at DX--Country cannot be any of the following "historic" codes:

XNI North American Islands  
 XCB Other Caribbean Islands  
 XEN England, Channel Islands, Isle of Man  
 XSC Scandinavia  
 XGR Germanic Countries  
 XSL Slavic Countries  
 XUM Ukraine and Moldova  
 XNF North Africa  
 XSD Sudanese Countries  
 XWF West Africa  
 XSF South Africa  
 XEF East Africa  
 XIF African Islands  
 XET Ethiopia and Eritrea  
 XAP Arabian Peninsula  
 XIS Israel and Palestine  
 XCR Caucasian Republics of former USSR  
 XOR Other Asian Republics of former USSR  
 XSE Southeast Asia  
 XMS Malaysia, Singapore, Brunei  
 XCH China, NOS  
 XML Melanesian Islands  
 XMC Micronesian Islands  
 XPL Polynesian Islands

***Administrative Notes***

New edit - added to NAACCR v13 metafile.

This edit differs from the COC edit of the same name in that it is skipped if either field is blank.

Modifications

NAACCR v15

**Addr at DX--Country, State (NAACCR)**

The historic codes used for Yugoslavia (XYG) and Czechoslovakia (XCZ) have been removed from the list of historic codes.

**Addr at DX--Country, State (NAACCR)**

Agency: NAACCR

Last changed: 12/09/2014

*Edit Tag* N1699***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if any of the fields are blank.

This edit verifies that the Addr at DX--State code is valid for the Addr at DX--Country.

***Administrative Notes***

New edit - added to NAACCR v13 metafile.

**Modifications****NAACCR v15**

Country code table (CNTRY\_ST.DBF) has been updated:

- Brunei - 'BND' changed to 'BRN'
- Czechoslovakia (former) - 'XCZ' changed to 'CSK'
- Slovakia - 'SWK' changed to 'SVK'
- Vanuatu - 'VLT' changed to 'VUT'
- Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

State codes 'XX' and 'YY' (instead of just 'YY') allowed with 'CSK' and 'YUG'

**Addr at DX--No/Street (MCR)**

Agency: NONE

Last changed: 04/17/2019 13:41:10

*Edit Tag* MA2511***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Addr at DX--Postal Code (NAACCR)****Description**

MCR: Anything except blank is OK.

**Administrative Notes**

MCR allows the street address to be expressed in any format that we can interpret visually. Format standardization for mail delivery or easier geocoding is not our concern. A data reporter should send us the street address as it's recorded in their medical record.

**Addr at DX--Postal Code (NAACCR)**

Agency: NAACCR

Last changed: 08/20/2015

Edit Tag N0123

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

Item may not be blank. Must be alphanumeric, left-justified, and blank-filled. Mixed case is allowed. Embedded spaces are not allowed. Special characters are not allowed.

**Administrative Notes**

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

Modifications:

NAACCR v14

- Logic updated to not allow embedded spaces

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement was updated to specify trailing blanks:

"x{x}\*" changed to "x{x}\*{b}\*"

**Addr at DX--State (NAACCR)**

Agency: NAACCR

Last changed: 04/27/2007

Edit Tag N0122

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Adenoid Cystic Basaloid Pattern, Date DX (NAACCR)****Description**

Field must contain valid US postal code for state or Canadian province.

**Special Codes:**

- CD Resident of Canada, NOS, and province, territory, commonwealth or possession is unknown
- US Resident of United States, NOS, and state, territory, commonwealth or possession is unknown
- XX Resident of country other than United States (including its territories, commonwealths, or possessions) or Canada, and country known
- YY Resident of country other than United States (including its territories, commonwealths, or possessions) or Canada, and country unknown
- ZZ Residence unknown

**Administrative Notes**

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

**Modifications:****NACR110B**

Added codes CD (Resident of Canada, NOS) and US (Resident of United States, NOS) to State.dbf table; updated edit description to include CD and US in list of Special Codes and to change description of ZZ from "Resident of U.S., NOS; Canada, NOS; Residence unknown" to "Residence unknown".

**Adenoid Cystic Basaloid Pattern, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 07/14/2018 11:35:52

Edit Tag N2669

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Adenoid Cystic Basaloid Pattern code or blank:

0.0-100.0: 0.0-100.0 percent basaloid pattern  
 XXX.5: Basaloid pattern present, percentage not stated  
 XXX.8: Not applicable: Information not collected for this case  
 XXX.9: Not documented in medical record  
 Adenoid Cystic Basaloid Pattern not assessed or unknown if assessed

3. Code must be right-justified and contain one place after decimal point.

**Adenoid Cystic Basaloid Pattern, Schema ID, Required (MCR/NAACCR)**

Another edit, Adenoid Cystic Basaloid Pattern, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Adenoid Cystic Basaloid Pattern, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/14/2019 18:56:01

Edit Tag MA2988

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Adenoid Cystic Basaloid Pattern is not "XXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00690: Lacrimal Gland

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

EditWriter 5

71

10/17/2019 02:45 PM

**Adenopathy, Date DX (NAACCR)****Adenopathy, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:14:23

*Edit Tag* N2741***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Adenopathy code or blank:

- 0: Adenopathy not identified/not present  
No lymph nodes > 1.5cm
- 1: Adenopathy present  
Presence of lymph nodes > 1.5cm
- 9: Not documented in medical record  
Adenopathy not assessed or unknown if assessed

Another edit, Adenopathy, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Adenopathy, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/14/2019 18:47:00

*Edit Tag* MA2873



**AFP Post-Orchiectomy Lab Value, Date DX (NAACCR)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Adenopathy is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00795: Lymphoma (CLL/SLL)

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**AFP Post-Orchiectomy Lab Value, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 07/14/2018 11:36:39

Edit Tag N2660

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

**AFP Post-Orchiectomy Lab Value, Schema ID, Required, CoC Flag (MCR/SEER)**

1. This data item must be blank for pre-2018 diagnoses

2. Must be a valid AFP Post-Orchiectomy Lab Value code or blank:

0.0: 0.0 nanograms/milliliter (ng/mL)  
 0.1-99999.9: 0.1-99,999.9 ng/mL  
 XXXXX.1: 100,000 ng/mL or greater  
 XXXXX.7: Test ordered, results not in chart  
 XXXXX.8: Not applicable: Information not collected for this case  
 XXXXX.9: Not documented in medical record  
     No orchiectomy performed  
     AFP Post-Orchiectomy Lab Value not assessed or unknown if assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, AFP Post-Orchiectomy Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

**AFP Post-Orchiectomy Lab Value, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/14/2019 18:31:21

Edit Tag MA3903

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

AFP Post-Orchiectomy Lab Value is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that AFP Post-Orchiectomy Lab Value is not "XXXXX.8" and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

**AFP Post-Orchiectomy Range, Date DX (NAACCR)**

00590: Testis

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**AFP Post-Orchiectomy Range, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2716***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid AFP Post-Orchiectomy Range code or blank:

- 0: Within normal limits
- 1: Above normal and less than 1,000 nanograms/mililiter (ng/mL)
- 2: 1,000-10,000 ng/mL
- 3: Greater than 10,000 ng/mL
- 4: Post-Orchiectomy alpha fetoprotein (AFP) stated to be elevated
- 7: Test ordered, results not in chart
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
  - No orchiectomy performed
  - AFP Post-Orchiectomy Range not assessed or unknown if assessed

Another edit, AFP Post-Orchiectomy Range, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**AFP Post-Orchiectomy Range, Schema ID, Required (MCR/NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**AFP Post-Orchiectomy Range, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 10/15/2019 17:18:08

Edit Tag MA2972

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that AFP Post-Orchiectomy Range is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

***Administrative Notes***

New edit - NAACCR v18 metafile

18D: MCR modification is to skip for pre-2019 diagnoses rather than pre-2018. (SEER changed its requirement in NAACCR Volume II from RC to RS July 2019 so CoC Accredited Flag is not used here.)

**AFP Pre-Orchiectomy Lab Value, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 07/14/2018 11:37:26

**AFP Pre-Orchiectomy Lab Value, Schema ID, Required, CoC Flag (MCR/SEER)***Edit Tag* N2658***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid AFP Pre-Orchiectomy Lab Value code or blank:

0.0: 0.0 nanograms/milliliter (ng/ml)  
 0.1-99999.9: 0.1-99,999.9 ng/ml  
 XXXXX.1: 100,000 ng/ml or greater  
 XXXXX.7: Test ordered, results not in chart  
 XXXXX.8: Not applicable: Information not collected for this case  
 XXXXX.9: Not documented in medical record  
         AFP Pre-Orchiectomy Lab Value not assessed or unknown if assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, AFP Pre-Orchiectomy Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

## **AFP Pre-Orchiectomy Lab Value, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/14/2019 18:19:28

*Edit Tag* MA3009

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid

**AFP Pre-Orchiectomy Range, Date DX (NAACCR)**

- b. Schema ID is blank
- c. CoC Accredited Flag not = 1

AFP Pre-Orchiectomy Lab Value is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that AFP Pre-Orchiectomy Lab Value is not "XXXXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

***Administrative Notes***

New edit - NAACCR v18 metafile

This edit differs from the NAACCR edit of the same name in specifying that the data item is required only on analytic abstracts from CoC-accredited facilities.

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**AFP Pre-Orchiectomy Range, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag N2713*

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid AFP Pre-Orchiectomy Range code or blank:

**AFP Pre-Orchiectomy Range, Schema ID, Required, CoC Flag (MCR/SEER)**

- 0: Within normal limits  
 1: Above normal and less than 1,000 nanograms/milliliter (ng/mL)  
 2: 1,000-10,000 ng/mL  
 3: Greater than 10,000 ng/mL  
 4: Pre-Orchiectomy alpha fetoprotein (AFP) stated to be elevated  
 7: Test ordered, results not in chart  
 8: Not applicable: Information not collected for this case  
 9: Not documented in medical record  
 AFP Pre-Orchiectomy Range not assessed or unknown if assessed

Another edit, AFP Pre-Orchiectomy Range, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

## AFP Pre-Orchiectomy Range, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/13/2019 22:57:26

Edit Tag MA3905

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

- The edit is skipped for any of the following conditions:
  - Diagnosis date before 2019, blank (unknown), or invalid
  - Schema ID is blank
  - CoC Accredited Flag not = 1

AFP Pre-Orchiectomy Range is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

- This edit verifies that AFP Pre-Orchiectomy Range is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

**AFP Pretreatment Interpretation, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**AFP Pretreatment Interpretation, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2719

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid AFP Pretreatment Interpretation code or blank:

0: Negative/normal; within normal limits  
1: Positive/elevated  
2: Borderline; undetermined if positive or negative  
7: Test ordered, results (interpretation) not in chart  
8: Not applicable: Information not collected for this case  
9: Not documented in medical record  
AFP Pretreatment Interpretation not assessed or unknown if assessed

Another edit, AFP Pretreatment Interpretation, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile



AFP Pretreatment Interpretation, Schema ID, Required, CoC Flag (MCR/SEER)

## AFP Pretreatment Interpretation, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/13/2019 22:53:04

*Edit Tag* MA3906

### *Edit Sets*

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

### *Description*

- The edit is skipped for any of the following conditions:
  - Diagnosis date before 2019, blank (unknown), or invalid
  - Schema ID is blank
  - CoC Accredited Flag not = 1

AFP Pretreatment Interpretation is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

- This edit verifies that AFP Pretreatment Interpretation is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00220: Liver

### *Administrative Notes*

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## AFP Pretreatment Lab Value, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/14/2018 11:38:26

*Edit Tag* N2650

**AFP Pretreatment Lab Value, Schema ID, Required, CoC Flag (MCR/SEER)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid AFP Pretreatment Lab Value code or blank:

0.0: 0.0 nanograms/milliliter (ng/ml); not detected  
 0.1-9999.9: 0.1-9999.9 ng/mL  
                   (Exact value to nearest tenth of ng/ml)  
 XXXX.1: 10,000 ng/ml or greater  
 XXXX.7: Test ordered, results not in chart  
 XXXX.8: Not applicable: Information not collected for this case  
 XXXX.9: Not documented in medical record  
           AFP Pretreatment Lab Value not assessed or unknown if assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, AFP Pretreatment Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

## **AFP Pretreatment Lab Value, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/13/2019 22:49:17

Edit Tag MA3907

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

**Age at Diagnosis (SEER AGEDX)**

AFP Pretreatment Lab Value is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

- This edit verifies that AFP Pretreatment Lab Value is not "XXXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00220: Liver

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Age at Diagnosis (SEER AGEDX)**

Agency: SEER

Last changed: 03/04/2003

Edit Tag N0026

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This field became a required (rather than optional) data item for COC as of 1/1/2003 and is required for all diagnosis years. Consequently this edit is now used by COC, as well as SEER, and will be added to the COC edit set.

Must be a valid value for Age at Diagnosis (000...120, 999).

**Age at Diagnosis, Text--Usual Industry (NAACCR)**

Agency: NAACCR

Last changed: 01/15/2018 12:30:26

Edit Tag N0363

**Age at Diagnosis, Text--Usual Occupation (NAACCR)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if the year of the Date of Diagnosis is less than 1996 or blank.

If Age at Diagnosis > 013, Text--Usual Industry cannot be blank.

Age at Diagnosis is calculated if blank:

If the year of birth or year of diagnosis is blank (unknown), then the calculated age at diagnosis = 999 (unknown).

If either month of birth or month of diagnosis is blank (unknown), then the calculated age is computed as year of diagnosis - year of birth. Otherwise the age is computed as:

$$((\text{year of diagnosis} * 12 + \text{month of diagnosis}) - (\text{year of birth} * 12 + \text{month of birth})) / 12.$$

If the months of diagnosis and birth are known and equal, and the day of diagnosis is earlier than the day of birth, then 1 is subtracted from the calculated age.

***Administrative Notes***

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**Age at Diagnosis, Text--Usual Occupation (NAACCR)**

Agency: NAACCR

Last changed: 11/23/2009

Edit Tag N0364

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if the year of the Date of Diagnosis is less than 1996 or blank.

If Age at Diagnosis > 013, Text--Usual Occupation cannot be blank.

**Age, Birth Date, Date of Diagnosis (NAACCR IF13)**

Age at Diagnosis is calculated if blank:

If the year of birth or year of diagnosis is unknown (9999), then the calculated age at diagnosis = 999.

If either month of birth or month of diagnosis is unknown (99), then the calculated age is computed as year of diagnosis - year of birth. Otherwise the age is computed as:

$$((\text{year of diagnosis} * 12 + \text{month of diagnosis}) - (\text{year of birth} * 12 + \text{month of birth})) / 12.$$

If the months of diagnosis and birth are known and equal, and the day of diagnosis is earlier than the day of birth, then 1 is subtracted from the calculated age.

**Administrative Notes**

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**Age, Birth Date, Date of Diagnosis (NAACCR IF13)**

Agency: NAACCR

Last changed: 11/23/2009

Edit Tag N0025

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit checks that Age at Diagnosis, Date of Birth, and Date of Diagnosis are in agreement.

If the Age at Diagnosis is 000 and the Over-ride Age/Site/Morph code is 2 or 3, no further checking is done. (Over-ride Age/Site/Morph may be set to 2 or 3 to indicate a case has been diagnosed in utero.)

Note:

Codes '2' and '3' have been added to the list of Over-ride Age/Site/Morph codes in the NAACCR v11.3 metafile. The code definitions are:

1 = Reviewed: An unusual occurrence of a particular age/site/histology combination for a given age group has been reviewed

2 = Reviewed: Case was diagnosed in utero.

3 = Reviewed: Conditions 1 and 2 above both apply

Blank = Not reviewed or reviewed and corrected

If the Age at Diagnosis is coded as 999 (unknown), then either the year of Date of Birth or the year of Date of Diagnosis must be blank (unknown).

**Age, Primary Site, Morph ICD03--Adult (SEER)**

If either the year of Date of Birth or the year of Date of Diagnosis is blank (unknown), then Age at Diagnosis must be 999 (unknown).

If either month of birth or month of diagnosis is blank (unknown), then a working age is computed as year of diagnosis - year of birth. Otherwise the working age is computed as the actual age:  

$$((\text{year of diagnosis} * 12 + \text{month of diagnosis}) - (\text{year of birth} * 12 + \text{month of birth})) / 12.$$

If the month of diagnosis or month of birth is blank (unknown), or if the months of diagnosis and birth are known and equal and the day of diagnosis or day of birth is blank (unknown), then Age at Diagnosis must equal the working age or the working age - 1.

If the months of diagnosis and birth are known and equal, and the day of diagnosis is earlier than the day of birth, then 1 is subtracted from the working age, and Age at Diagnosis must equal the new working age.

For all other cases, Age at Diagnosis must equal the working age.

**Administrative Notes**

Modifications:

NAACCR v11.3

6/2008

Reference to "SEER edit of the same name" in Administrative Notes was deleted since this metafile does not include the SEER edit.

NAACCR v11.3A

1/2009

Added: If the Age at Diagnosis is 000 and the Over-ride Age/Site/Morph code is 2 or 3, no further checking is done. (Over-ride Age/Site/Morph may be set to 2 or 3 to indicate a case has been diagnosed in utero.)

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**Age, Primary Site, Morph ICD03--Adult (SEER)**

Agency: SEER

Last changed: 11/23/2009

Edit Tag N0718

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit and the edit Age, Primary Site, Morphology ICD03--Pediatric (NPCR) replace the edit Age, Primary Site, Morphology ICD03 (SEER IF15) for cases diagnosed on or after 01/01/2001. There is no overlap in the two edits. The edit

**Age, Primary Site, Morph ICD03--Adult (SEER)**

Age, Primary Site, Morphology ICD03--Pediatric (NPCR) is for ages 000 - 014 and this edit (Age, Primary Site, Morphology ICD03--Adult (SEER)) is for ages 015 and older. The field Over-ride Age/Site/Morph is shared by both edits and contains a "1" when the case has been reviewed and accepted as is.

This edit is skipped if Morph--Type&Behav ICD-O-3 is blank or year of Date of Diagnosis is less than 2001.

The edit is also skipped if Age at Diagnosis is less than 15.

If the Over-ride Age/Site/Morph contains a '1' (review completed and case accepted as coded), no further checking is done.

For each specified age group in the following table, the Primary Site/Morphology combinations require review.

## 014 &lt; Age &lt; 020

Esophagus C150-C159	Any morphology
Small intestine C170-C179	Any morphology
Colon C180-C189	Any other than carcinoid 8240-8245
Rectosigmoid C199	Any morphology
Rectum C209	Any morphology
Anus, anal canal C210-C218	Any morphology
Gallbladder C239	Any morphology
Other biliary tract C240-C249	Any morphology
Pancreas C250-C259	Any morphology
Trachea C339	Any other than carcinoid 8240-8245
Lung and bronchus C340-C349	Any other than carcinoid 8240-8245
Pleura C384	Any morphology
Breast C500-C509	Any morphology
Uterus, NOS C559	Any morphology
Cervix uteri C530-C539	Any Histologic Type ICD-O-3 with Behavior ICD-O-3 of 3 (malignant)
Corpus uteri C540-C549	Any morphology

## 014 &lt; Age &lt; 030

Any site	Multiple Myeloma 9732
	Chronic myeloid leukemia 9863, 9875, 9876, 9945
	Chronic lymphocytic leukemia 9823
Penis C609	Any morphology

## 014 &lt; Age &lt; 040

Prostate C619	Adenocarcinoma, NOS 8140
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## Age &gt; 014

Eye C690-C699	Retinoblastoma 9510-9514
Any site	Wilms tumor 8960
Any site	Juvenile myelomonocytic leukemia 9946

## Age &gt; 045

Placenta C589	Choriocarcinoma 9100
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Additional Information:

**Age, Primary Site, Morph ICDO3--Adult (SEER)**

Some cancers occur almost exclusively in certain age groups. For example, retinoblastoma is a tumor of young children, while prostate cancer occurs in older men. This edit checks that selected cancers are reported only for patients of specific ages at diagnosis. The expected ages are listed for each edited site/morphology combination in the "Description" field of the edit documentation.

First check that the primary site and histologic type are coded correctly and that the age, date of birth, and date of diagnosis are correct. These two dates are not actually used in the edit; however, they may have been used to calculate the age at diagnosis, which is used in this edit. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may also be required.

If upon review, all items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Enter a 1 in the field Over-ride Age/Site/Morph to indicate that the coding is correct.

**EXAMPLE**

AGE	35
PRIMARY SITE	PROSTATE, C61.9
MORPHOLOGY -TYPE AND BEHAVIOR	8140/3, ADENOCARCINOMA
DATE OF DIAGNOSIS	2/13/95
DATE OF BIRTH	1/10/60

The edit identifies prostate cancers occurring before age 45. On review, the birth date in this case is in error and should be 1/10/06. Enter the correct birth date. The age will recalculate to 89, and the case will no longer be in error.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF118

**Modifications:****NACR110A**

Juvenile myelomonocytic leukemia (9946) for ages > 14 and < 30 was removed from the group of age/histologies requiring review.

**NAACCR v11.2**

7/2007

Juvenile myelomonocytic leukemia (9946) for ages > 14 was added to the group of age/histologies requiring review.

**NAACCR v11.3**

6/08

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

**NAACCR v11.3A**

12/2008

Edit changed to require review if age is less than 040 [instead of less than 045] and site is prostate (C619) and histology is Adenocarcinoma, NOS (8140).



**Age, Primary Site, Morph ICD03--Pediatric (NPCR)**

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**Age, Primary Site, Morph ICD03--Pediatric (NPCR)**

Agency: NPCR

Last changed: 11/23/2009

*Edit Tag N0717****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit and the edit Age, Primary Site, Morphology ICD03--Adult (SEER) replace the edit Age, Primary Site, Morphology ICD03 (SEER IF15) for cases diagnosed on or after 01/01/2001. There is no overlap in the two edits. This edit (Age, Primary Site, Morphology ICD03--Pediatric (NPCR)) is for ages 000 - 014 and the edit Age, Primary Site, Morphology ICD03--Adult (SEER) is for ages 015 and older. The field Over-ride Age/Site/Morph is shared by both edits and contains a "1" when the case has been reviewed and accepted as is.

This edit is based on the International Classification of Childhood Cancer (ICCC) CHILD-CHECK program edit of "Unlikely Combinations of Age and Tumour Type" as specified on page 11 of IARC Technical Report No. 29. It also includes SEER edits for ages 000 - 014 that were formerly part of the edit Age, Primary Site, Morphology ICD03 (SEER IF15).

This edit is skipped if Histologic Type ICD-O-3 is blank or year of Date of Diagnosis is less than 2001.

This edit is skipped if Age at Diagnosis is greater than 14.

If the Over-ride Age/Site/Morph contains a '1' or '3' no further checking is done.  
Note:

Codes '2' and '3' have been added to the list of Over-ride Age/Site/Morph codes in the NAACCR v11.3 metafile. The code definitions are:

1 = Reviewed: An unusual occurrence of a particular age/site/histology combination for a given age group has been reviewed

2 = Reviewed: Case was diagnosed in utero.

3 = Reviewed: Conditions 1 and 2 above both apply

Blank = Not reviewed or reviewed and corrected

For each specified group in the following list, the Age/Primary Site/Morphology combinations require review.

Unlikely Combinations of Age and Tumor Type

ICCC Diagnostic Group: IIa Hodgkin Lymphoma

Histologic Type ICD-O-3: 9650-9667

Primary Site: Any

**Age, Primary Site, Morph ICDO3--Pediatric (NPCR)**

Age at Diagnosis: 000 - 002

ICCC Diagnostic Group: IVa Neuroblastoma and ganglioneuroblastoma

Histologic Type ICD-O-3: 9490, 9500

Primary Site: Any

Age at Diagnosis: 010 - 014

ICCC Diagnostic Group: V Retinoblastoma

Histologic Type ICD-O-3: 9510-9514

Primary Site: Any

Age at Diagnosis: 006 - 014

ICCC Diagnostic Group: VIa Wilms tumor, rhabdoid, and clear cell sarcoma

Histologic Type ICD-O-3: 8960, 8964

Primary Site: Any

Histologic Type ICD-O-3: 8963

Primary Site: C649, C809

Age at Diagnosis: 009 - 014

ICCC Diagnostic Group: VIb Renal carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082,  
8120-8122, 8130-8141, 8143, 8155, 8190-8201, 8210,  
8211, 8221-8231, 8240, 8241, 8244-8246, 8260-8263,  
8290, 8310, 8320, 8323, 8401, 8430, 8440, 8480-8490,  
8504, 8510, 8550, 8560-8573

Primary Site: C649

Histologic Type ICD-O-3: 8312

Primary Site: Any

Age at Diagnosis: 000 - 008

ICCC Diagnostic Group: VIIa Hepatoblastoma

Histologic Type ICD-O-3: 8970

Primary Site: Any

Age at Diagnosis: 006 - 014

ICCC Diagnostic Group: VIIb Hepatic carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082, 8120-8122,  
8140, 8141, 8143, 8155, 8190-8201, 8210, 8211, 8230, 8231, 8240,  
8241, 8244-8246, 8260-8263, 8310, 8320, 8323, 8401, 8430, 8440,  
8480-8490, 8504, 8510, 8550, 8560-8573

Primary Site: C220, C221

Histologic Type ICD-O-3: 8160-8180

Primary Site: Any

Age at Diagnosis: 000 - 008

ICCC Diagnostic Group: VIIIa Osteosarcoma

**Age, Primary Site, Morph ICDO3--Pediatric (NPCR)**

Histologic Type ICD-O-3: 9180-9200

Primary Site: Any

Age at Diagnosis: 000 - 005

ICCC Diagnostic Group: VIIIB Chondrosarcoma

Histologic Type ICD-O-3: 9220-9230

Primary Site: Any

Histologic Type ICD-O-3: 9231, 9240

Primary Site: C400-C419

Age at Diagnosis: 000 - 005

ICCC Diagnostic Group: VIIIC Ewing sarcoma

Histologic Type ICD-O-3: 9260

Primary Site: C400-C419, C809

Histologic Type ICD-O-3: 9363, 9364

Primary Site: C400-C419

Age at Diagnosis: 000 - 003

ICCC Diagnostic Group: XB Non-gonadal germ cell

Histologic Type ICD-O-3: 9060-9102

Primary Site: C000-C559, C570-C619, C630-C699, C739-C750, C754-C809

Age at Diagnosis: 008 - 014

ICCC Diagnostic Group: XD Gonadal carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082, 8120-8122, 8130-8141, 8143, 8155, 8190-8201, 8210, 8211, 8221-8241, 8244-8246, 8260-8263, 8290, 8310, 8320, 8323, 8430, 8440, 8480-8490, 8504, 8510, 8550, 8560-8573

Primary Site: C569, C620-C629

Histologic Type ICD-O-3: 8380, 8381, 8441-8473

Primary Site: Any

Age at Diagnosis: 000 - 004

ICCC Diagnostic Group: XIb Thyroid carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082, 8120-8122, 8130-8141, 8155, 8190, 8200, 8201, 8211, 8230, 8231, 8244-8246, 8260-8263, 8290, 8310, 8320, 8323, 8430, 8440, 8480, 8481, 8500-8573

Primary Site: C739

Histologic Type ICD-O-3: 8330-8350

Primary Site: Any

Age at Diagnosis: 000 - 005

**Age, Primary Site, Morph ICD03--Pediatric (NPCR)**

ICCC Diagnostic Group: XIc Nasopharyngeal carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082, 8120-8122, 8130-8141, 8155, 8190, 8200, 8201, 8211, 8230, 8231, 8244-8246, 8260-8263, 8290, 8310, 8320, 8323, 8430, 8440, 8480, 8481, 8504, 8510, 8550, 8560-8573

Primary Site: C110-C119

Age at Diagnosis: 000 - 005

ICCC Diagnostic Group: XIe Skin carcinoma

Histologic Type ICD-O-3: 8010-8041, 8050-8075, 8082, 8090-8110, 8140, 8143, 8147, 8190, 8200, 8240, 8246, 8247, 8260, 8310, 8320, 8323, 8390-8420, 8430, 8480, 8542, 8560, 8570-8573, 8940

Primary Site: C440-C449

Age at Diagnosis: 000 - 004

ICCC Diagnostic Group: XIIf NOS carcinoma

Histologic Type ICD-O-3: 8010-8082, 8120-8155, 8190-8263, 8290, 8310, 8314-8323, 8430-8440, 8480-8580, 8940, 8941

Primary Site: C000-C109, C129-C218, C239-C399, C480-C488, C500-C559, C570-C619, C630-C639, C659-C729, C750-C809

Age at Diagnosis: 000 - 004

ICCC Diagnostic Group: XIIa Mesothelial neoplasms (M905)

Histologic Type ICD-O-3: 9050-9053

Primary Site: Any

Age at Diagnosis: 000 - 014

Additional SEER Groups:

Cervix Uteri

Histologic Type ICD-O-3: Any

Behavior Code ICD-O-3: 2

Primary Site: C530-C539

Age at Diagnosis: 000 - 014

Placenta: choriocarcinoma

Histologic Type ICD-O-3: 9100

Primary Site: C589

Age at Diagnosis: 000 - 014

Esophagus, Small Intestine, Rectosigmoid, Rectum, Anus, Anal Canal, Gallbladder, Other Biliary Tract, Pancreas, Pleura, Breast, Uterus, NOS, Corpus Uteri, Penis

Histologic Type ICD-O-3: Any

Primary Site: C150-C159, C170-C179, C199, C209, C210-C218, C239, C240-C249, C250-C259, C384, C500-C509, C559, C540-C549, C609

Age at Diagnosis: 000 - 014

Colon, Trachea, Lung and Bronchus

**Age, Primary Site, Morph ICDO3--Pediatric (NPCR)**

Histologic Type ICD-O-3: Any other than carcinoid (8240-8245)  
 Primary Site: C180-C189, C339, C340-C349  
 Age at Diagnosis: 000 - 014

## Cervix Uteri

Histologic Type ICD-O-3: Any with Behavior ICD-O-3 of 3  
 Primary Site: C530-C539  
 Age at Diagnosis: 000 - 014

## Prostate: adenocarcinoma

Histologic Type ICD-O-3: 8140  
 Primary Site: C619  
 Age at Diagnosis: 000 - 014

## Multiple Myeloma

Histologic Type ICD-O-3: 9732  
 Primary Site: Any  
 Age at Diagnosis: 000 - 014

## Chronic Myeloid Leukemia

Histologic Type ICD-O-3: 9863, 9875, 9876, 9945  
 Primary Site: Any  
 Age at Diagnosis: 000 - 014

## Chronic Lymphocytic Leukemia

Histologic Type ICD-O-3: 9823  
 Primary Site: Any  
 Age at Diagnosis: 000 - 014

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF119

## Modifications:

## NACR110A

1. Juvenile myelomonocytic leukemia (9946) was removed from the group of age/histologies requiring review
2. Edit logic modified to correctly generate error if Primary Site = C619 (prostate) and Histologic Type ICD-O-3 = 8140 (adenocarcinoma)

## NAACCR v11.3

6/08

- Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.
- Updated the edit to skip if the Over-ride Age/Site/Morph contains a 1 OR a 3

## Note:

## Over-ride Age/Site/Morph codes

- 1 = Reviewed: An unusual occurrence of a particular age/site/histology combination for a given age group has been reviewed
- 2 = Reviewed: Case was diagnosed in utero.
- 3 = Reviewed: Conditions 1 and 2 above both apply

**AJCC ID, Site, Histo, Schema Discriminator 1 (NAACCR)**

Blank = Not reviewed or reviewed and corrected

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**AJCC ID, Site, Histo, Schema Discriminator 1 (NAACCR)**

Agency: NAACCR

Last changed: 03/31/2019 10:57:22

*Edit Tag* N3010***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

***Description***

\_SYS in edit name indicates an edit on system-generated data items. The edit is intended for use by software vendors in testing the accuracy of algorithms used to assign AJCC ID, and for use by central registries in verifying the quality of submitted data.

This edit verifies that Schema Discriminator 1, where required, matches the AJCC ID that is assigned to the case. Schema discriminators are used where the Primary Site and Histologic Type ICD-O-3 codes are not sufficient to identify the appropriate AJCC staging scheme. Schema Discriminator 1 code is used to distinguish between multiple meanings for these codes where required for AJCC staging.

For example, for topography code C240, Schema Discriminator 1 code 3 is assigned if the primary site is cystic duct, AJCC ID 24; code 1, 5, 6 or 9 is assigned if the primary site is perihilar bile ducts, AJCC ID 25; code 4 or 7 is assigned if the primary site is distal bile ducts, AJCC ID 26. See the list of codes and definitions below the chart.

The edit checks that AJCC ID, Primary Site code or Histologic Type ICD-O-3 code, and Schema Discriminator 1 code occur together within the edited record, as shown in the following chart. If there is an edit failure, the problem may be due to a software error. If coding is reviewed and correct, the software vendor should be consulted for assistance in resolving the issue.

The edit also checks that Schema Discriminator 1 is blank (not used) for other Primary Site or Histologic Type ICD-O-3 codes that occur in the AJCC ID but do not require a discriminator. For example, AJCC ID 9, Nasopharynx, only requires a discriminator for Primary Site code C11.1. The Schema Discriminator 1 data item should be blank for other Primary Site codes within the schema, C11.0, C11.2-C11.3, C11.8-C11.9.

- The edit is skipped for the following conditions:
  - Date of diagnosis before 2018, blank, or invalid.
  - AJCC ID is blank.
- The edit verifies the occurrence of AJCC ID, Primary Site code, Histologic Type ICD-O-3 code, and Schema Discriminator 1 code together in the record as shown.

## AJCC ID, Site, Histo, Schema Discriminator 1 (NAACCR)

AJCC ID	SITE	HISTO	DISC 1
6	Cervical Lymph Nodes, Unknown Primary of Head and Neck	C760	2, 3, 4, 5
9	Nasopharynx	C111	1
10	Oropharynx (p16+)	C111	2
11.1	Oropharynx (p16-)	C111	2
16.1	Esophagus and EGJ: Squamous Cell Ca	C160	2
16.2	Esophagus and EGJ: Adenocarcinoma	C160	2
16.3	Esophagus and EGJ: Other Histologies	C160	2
17	Stomach	C160	0, 3, 9
24	Gallbladder	C240	3
25	Perihilar Bile Ducts	C240	1, 5, 6, 9
26	Distal Bile Ducts	C240	4, 7
43.1	GIST: Gastric and Omental	C481	2
43.2	GIST: Small Intestinal, Esophageal, Colorectal, Mesenteric, Perit	C481	1, 9
63.1	Urethra, Male Penile, Female: Uroth	C680	1
63.2	Urethra, Male Penile, Female: Squamous Cell, Adenocarcinoma	C680	1
63.3	Prostatic Urethra: Urothelial	C680	2
63.4	Prostatic Urethra: Squamous Cell, Adenocarcinoma	C680	2
67.1	Uveal Melanoma: Iris	C694	2
67.2	Uveal Melanoma: Ciliary Body, Chor	C694	1
69	Lacrimal Gland	C695	1
73.1	Thyroid Gland - Differentiated	C739	1
73.2	Thyroid Gland - Anaplastic	C739	1
74	Thyroid - Medullary	C739	1
79.0	Non-Hodgkin Lymphoma NOS	9591	3, 9
82.1	Plasma Cell Myeloma	9732	0
83.0	Leukemia NOS	9591	1, 2

## AJCC ID SCHEMA DISCRIMINATOR 1 CODES AND DEFINITIONS

6-C760	2: Not tested for EBV or p16 in head and neck regional nodes (EBV and p16 both unknown) 3: Unknown EBV, p16 negative in head and neck regional nodes 4: Unknown p16, EBV negative in head and neck regional nodes 5: Negative for both EBV and p16 in head and neck regional nodes
9-C111	1: Posterior wall of nasopharynx, NOS
10-C111	2: Adenoid; pharyngeal tonsil
11.1-C111	
16.1-C160	2: INVOLVEMENT of esophagus or esophagogastric junction (EGJ)
16.2-C160	AND epicenter LESS THAN or EQUAL TO 2 cm into the proximal
16.3-C160	stomach
17-C160	0: NO involvement of esophagus or gastroesophageal junction AND epicenter at ANY DISTANCE into the proximal stomach (including distance unknown) 3: INVOLVEMENT of esophagus or esophagogastric junction (EGJ) AND epicenter GREATER THAN 2 cm into the proximal stomach

**AJCC ID, Site, Histo, Schema Discriminator 1 (NAACCR)**

9: UNKNOWN involvement of esophagus or gastroesophageal junction  
AND epicenter at ANY DISTANCE into the proximal stomach  
(including distance unknown)

24-C240 3: Cystic bile duct; cystic duct

25-C240 1: Perihilar bile duct(s)  
Proximal extrahepatic bile duct(s); Hepatic duct(s)  
5: Diffuse involvement  
More than one subsite involved, subsite of origin not stated  
6: Stated as middle extrahepatic bile duct  
AND treated with combined hepatic and hilar resection  
9: Extrahepatic bile ducts, NOS

26-C240 4: Distal bile duct; Common bile duct; Common duct, NOS  
7: Stated as middle extrahepatic bile duct  
AND treated with combined hepatic and hilar resection

43.1-C481 1: Mesentery; Mesoappendix; Mesocolon; Pelvic peritoneum;  
Rectouterine pouch: Cul de sac, Pouch of Douglas;  
Other specified peritoneal site  
9: Unknown or no information; Not documented in medical record

43.2-C481 2: Omentum

63.1-C680 1: Male penile urethra; Female urethra: Urethral gland;  
63.2-C680 Cowper gland; Urethra, NOS

63.3-C680 2: Males only: Prostatic urethra, Prostatic utricle  
63.4-C680

67.1-C694 2: Iris

67.2-C694 1: Ciliary Body; Crystalline lens; Sclera; Uveal tract;  
Intraocular; Eyeball

69-C695 1: Lacrimal gland

73.1-C739 1: Thyroid gland; Thyroid, NOS  
73.2-C739  
74-C739

79.0-9591 3: Splenic diffuse red pulp small B-cell lymphoma  
Splenic marginal zone lymphoma, diffuse variant  
Splenic red pulp lymphoma with numerous basophilic villous  
lymphocytes  
Splenic lymphoma with villous lymphocytes  
9: Non-Hodgkin lymphoma, NOS  
Any other terminology describing non-Hodgkin lymphoma, NOS

82.1-9732 0: Multiple myeloma  
Myeloma, NOS  
Non-secretory myeloma  
Plasma cell myeloma (PCM)  
Ultra-High-Risk Smoldering MM (SMM)

83.0-9591 1: Splenic B-cell lymphoma/leukemia, unclassifiable  
2: Hairy cell leukemia variant



**AJCC ID, Site, Histo, Schema Discriminator 2 (NAACCR)**  
 Polymphocytic variant of hairy cell leukemia

## ***Administrative Notes***

New edit - NAACCR v18 metafile

### Modifications

#### NAACCR v18A

- Description, logic modified to allow blank for Schema Discriminator 1 for 82.1. Schema Discriminator 1 used for staging only for this AJCC ID.
- Description updated, Schema Discriminator = 2 for 43.1, 1, 9 for 43.2
- Description, logic updated to skip for blank AJCC ID, blank Schema Discriminator 1 removed from skip
- Description updated to indicate that Schema Discriminator 1 is used in coding SSDI items for staging only.

#### NAACCR v18B

- Logic updated to correctly handle combinations of site/histology with schema discriminators.
- Description, logic updated, skip added for AJCC ID where sex and age considered in ID assignment

#### NAACCR v18C

- Logic modified to correctly skip for AJCC ID where sex and age considered in ID assignment
- Description corrected to define codes for 00671 for Iris, 00672 for Ciliary Body
- Logic modified to set histology to X based on histology requiring discriminators rather than on primary sites
- Logic modified to correctly map AJCC ID to PCA
- Description, logic modified to only check on valid combinations of AJCC ID, site or histo, and Schema Discriminator 1; blank Schema Discriminator 1 values no longer required
- Description modified to not include AJCC ID XX for C695, C739, C760
- Description, logic updated to not allow blank Schema Discriminator 1 for 82.1
- Description updated to include code definitions for 82.1
- Name changed from \_SYS AJCC ID, Site, Histo, Schema Discriminator 1 (NAACCR)
- Description, logic updated to remove skips for AJCC ID where SD1 mapped to values for sex or age in reference table

## **AJCC ID, Site, Histo, Schema Discriminator 2 (NAACCR)**

Agency: NAACCR

Last changed: 03/23/2019 16:19:54

*Edit Tag* N3013

### ***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

### ***Description***

\_SYS in edit name indicates an edit on system-generated data items. The edit is intended for use by software vendors in testing the accuracy of algorithms used

**AJCC ID, Site, Histo, Schema Discriminator 2 (NAACCR)**

to assign AJCC ID, and for use by central registries in verifying the quality of submitted data.

This edit verifies that Schema Discriminator 2, where required, matches the AJCC ID that is assigned to the case. Schema discriminators are used where the Primary Site and Histologic Type ICD-O-3 codes are not sufficient to identify the appropriate AJCC staging scheme. Schema Discriminator 2 code is used to distinguish between p16 positive and p16 negative histologies for oropharyngeal carcinomas. Schema Discriminator 2 is used to distinguish between undifferentiated carcinomas with squamous or glandular components for esophageal primaries. See the list of codes and definitions below the chart.

The edit checks that AJCC ID, Primary Site code or Histologic Type ICD-O-3 code, and Schema Discriminator 2 code occur together within the edited record, as shown in the following chart. If there is an edit failure, the problem may be due to a software error. If coding is reviewed and correct, the software vendor should be consulted for assistance in resolving the issue.

1. The edit is skipped for the following condition:
  - a. Date of diagnosis before 2018, blank, or invalid.
  - b. AJCC ID is blank.
2. The edit verifies the occurrence of AJCC ID, Primary Site code, Histologic Type ICD-O-3 code, and Schema Discriminator 2 code together in the record as shown.

AJCC ID	SITE	HISTO	DISC 2
10 Oropharynx (p16+)	C019		2
	C024		2
	C051		2
	C052		2
	C058		2
	C059		2
	C090		2
	C091		2
	C098		2
	C099		2
	C100		2
	C102		2
	C103		2
	C104		2
	C108		2
	C109		2
	C111		2
11.1 Oropharynx (p16-)	C019		1, 9
	C024		1, 9
	C051		1, 9
	C052		1, 9
	C058		1, 9
	C059		1, 9
	C090		1, 9
	C091		1, 9
	C098		1, 9
	C099		1, 9

**AJCC TNM Clin M (COC)**

C100		1, 9
C102		1, 9
C103		1, 9
C104		1, 9
C108		1, 9
C109		1, 9
C111		1, 9
16.1 Esophagus and EGJ: Squamous Cell Carcinoma	8020	1, 9
16.2 Esophagus and EGJ: Adenocarcinoma	8020	2

**AJCC ID      SCHEMA DISCRIMINATOR 2 CODES AND DEFINITIONS**

10	2: p16 Positive; HPV Positive; Diffuse, strong reactivity
11.1	1: p16 Negative; Nonreactive 9: Not tested for p16; Unknown
16.1	1: Undifferentiated carcinoma with squamous component 9: Undifferentiated carcinoma, NOS
16.2	2: Undifferentiated carcinoma with glandular component

***Administrative Notes***

New edit - NAACCR v18 metafile

**Modifications****NAACCR v18A**

- Description, logic updated to skip for blank AJCC ID, blank Schema Discriminator 2 removed from skip

**NAACCR v18C**

- 9 added to Schema Discriminator 2 codes for 11.1

- Description, logic modified to only check on valid combinations of AJCC ID, site or histo, and Schema Discriminator 2; blank Schema

Discriminator 2 values no longer required

- Name changed from \_SYS AJCC ID, Site, Histo, Schema Discriminator 2 (NAACCR)

**AJCC TNM Clin M (COC)**

Agency: COC

Last changed: 09/10/2017 12:09:35

Edit Tag N2500

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
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**AJCC TNM Clin N (COC)**

<b>Edit Set Name</b>	<b>Edit Set Tag</b>	<b>Agency Code</b>
<b>HospitalScan18D</b>	MA0356	NONE
<b>OfficeScan18D</b>	MA0358	NONE

***Description***

Must be a valid code for AJCC TNM Clin M and must be left-justified. Subcategory letters must be lowercase, "c" or "p" in code must be lowercase. Components in () must be entered as shown. May be blank.

Valid codes:

cM0  
 cM0 (i+)  
 cM1  
 cM1a  
 cM1a (0)  
 cM1a (1)  
 cM1b  
 cM1b (0)  
 cM1b (1)  
 cM1c  
 cM1c (0)  
 cM1c (1)  
 cM1d  
 cM1d (0)  
 cM1d (1)  
 pM1  
 pM1a  
 pM1a (0)  
 pM1a (1)  
 pM1b  
 pM1b (0)  
 pM1b (1)  
 pM1c  
 pM1c (0)  
 pM1c (1)  
 pM1d  
 pM1d (0)  
 pM1d (1)  
 88  
 blank

***Administrative Notes***

New edit - NAACCR v18 metafile

**AJCC TNM Clin N (COC)**

**Agency:** COC

**Last changed:** 09/10/2017 12:11:05

**Edit Tag** N2502

**AJCC TNM Clin N Suffix (COC)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid code for AJCC TNM Clin N and must be left justified. N must be uppercase, subcategory letters and "c" in code must be lowercase. Components in () must be entered as shown. May be blank.

Valid codes:

cNX  
 cN0  
 cN0a  
 cN0b  
 cN0(i+)  
 cN1  
 cN1mi  
 cN1a  
 cN1b  
 cN1c  
 cN2  
 cN2mi  
 cN2a  
 cN2b  
 cN2c  
 cN3  
 cN3a  
 cN3b  
 cN3c  
 88  
 blank

***Administrative Notes***

New edit - NAACCR v18 metafile

**AJCC TNM Clin N Suffix (COC)**

Agency: COC

Last changed: 05/26/2018 16:08:27

Edit Tag N2617

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**AJCC TNM Clin Stage Group (COC)****Description**

Must be a valid AJCC TNM Clin N Suffix code and must be left-justified. "(" and ")" must be entered as shown. (sn) and (f) are mutually exclusive, both cannot be entered in the same record. May be blank.

Valid codes:

(sn): N determined by sentinel node biopsy,  
(f): N determined by fine needle aspirate or core biopsy  
blank

**Administrative Notes**

New edit - NAACCR v18 metafile

**AJCC TNM Clin Stage Group (COC)**

Agency: COC

Last changed: 07/30/2018 22:24:13

Edit Tag N2590

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

Must be a valid code for AJCC TNM Clin Stage Group and must be left-justified. Letters (excluding Occult, 0a, and 0is) must be uppercase. May be blank.

This item is allowed to be blank because it was not required before 2018. The item is also not required by all standard setters. Other edits verify that the data item is reported according to standard setter requirements by date of diagnosis.

Valid codes:

OccultCarcinoma  
0  
0a  
0is  
1  
1A  
1A1  
1A2  
1A3  
1B  
1B1  
1B2

**AJCC TNM Clin Stage Group (COC)**

1C  
1E  
1S  
1:0  
1:1  
1:2  
1:3  
1:4  
1:5  
1:6  
1:7  
1:8  
1:9  
1:10  
1:11  
1:12  
1:13  
1:14  
1:15  
1:16  
1:17  
1:18  
1:19  
1:20  
1:21  
1:22  
1:23  
1:24  
1:25  
2  
2A  
2A1  
2A2  
2B  
2C  
2E  
2 bulky  
2:0  
2:1  
2:2  
2:3  
2:4  
2:5  
2:6  
2:7  
2:8  
2:9  
2:10  
2:11  
2:12  
2:13  
2:14  
2:15  
2:16  
2:17  
2:18  
2:19  
2:20

**AJCC TNM Clin Stage Group (COC)**

2:21  
2:22  
2:23  
2:24  
2:25  
3  
3A  
3A1  
3A2  
3B  
3C  
3C1  
3C2  
3:0  
3:1  
3:2  
3:3  
3:4  
3:5  
3:6  
3:7  
3:8  
3:9  
3:10  
3:11  
3:12  
3:13  
3:14  
3:15  
3:16  
3:17  
3:18  
3:19  
3:20  
3:21  
3:22  
3:23  
3:24  
3:25  
4  
4A  
4A1  
4A2  
4B  
4C  
4:0  
4:1  
4:2  
4:3  
4:4  
4:5  
4:6  
4:7  
4:8  
4:9  
4:10  
4:11  
4:12



**AJCC TNM Clin T (COC)**

4:13  
 4:14  
 4:15  
 4:16  
 4:17  
 4:18  
 4:19  
 4:20  
 4:21  
 4:22  
 4:23  
 4:24  
 4:25  
 88  
 99  
 blank

***Administrative Notes***

New edit - NAACCR v18 metafile

**AJCC TNM Clin T (COC)**

Agency: COC

Last changed: 05/26/2018 16:02:26

Edit Tag N2504

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid code for AJCC TNM Clin T and must be left-justified. T must be uppercase, subcategory letters and "c" in code must be lowercase. Components in ( ) must be entered as shown. May be blank.

Valid codes:

cTX  
 cT0  
 cTa  
 cTis  
 cTis (DCIS)  
 cTis (LAMN)  
 cTis (Paget)  
 cT1  
 cT1a  
 cT1a1  
 cT1a2  
 cT1b

**AJCC TNM Clin T Suffix (COC)**

cT1b1  
 cT1b2  
 cT1c  
 cT1c1  
 cT1c2  
 cT1c3  
 cT1d  
 cT1mi  
 cT2  
 cT2a  
 cT2a1  
 cT2a2  
 cT2b  
 cT2c  
 cT2d  
 cT3  
 cT3a  
 cT3b  
 cT3c  
 cT3d  
 cT3e  
 cT4  
 cT4a  
 cT4b  
 cT4c  
 cT4d  
 cT4e  
 88  
 blank

***Administrative Notes***

New edit - NAACCR v18 metafile

**AJCC TNM Clin T Suffix (COC)**

Agency: COC

Last changed: 05/26/2018 16:06:37

Edit Tag N2614

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid AJCC TNM Clin T Suffix code and must be left-justified. "(" and ")" must be entered as shown. May be blank.

Valid codes:

(s): single tumor

**AJCC TNM Path M (COC)**

(m): multiple synchronous tumors, multifocal tumor for Thyroid differentiated  
and anaplastic  
blank

***Administrative Notes***

New edit - NAACCR v18 metafile

**AJCC TNM Path M (COC)**

Agency: COC

Last changed: 09/10/2017 12:15:56

*Edit Tag* N2501

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid code for AJCC TNM Path M and must be left-justified. Subcategory letters must be lowercase, "c" or "p" in code must be lowercase. Components in () must be entered as shown. May be blank.

Valid codes:

cM0  
cM0 (i+)  
cM1  
cM1a  
cM1a (0)  
cM1a (1)  
cM1b  
cM1b (0)  
cM1b (1)  
cM1c  
cM1c (0)  
cM1c (1)  
cM1d  
cM1d (0)  
cM1d (1)  
pM1  
pM1a  
pM1a (0)  
pM1a (1)  
pM1b  
pM1b (0)  
pM1b (1)  
pM1c  
pM1c (0)  
pM1c (1)  
pM1d

**AJCC TNM Path N (COC)**

pM1d(0)  
 pM1d(1)  
 88  
 blank

***Administrative Notes***

New edit - NAACCR v18 metafile

**AJCC TNM Path N (COC)**

Agency: COC

Last changed: 08/21/2018 08:00:13

Edit Tag N2503

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid code for AJCC TNM Path N and must be left justified. N must be uppercase, subcategory letters and "c" and "p" in code must be lowercase. Components in () must be entered as shown. May be blank.

Valid codes:

pNX  
 pN0  
 pN0(i+)  
 pN0(mol+)  
 pN0a  
 pN1  
 pN1mi  
 pN1a(sn)  
 pN1a  
 pN1b  
 pN1c  
 pN2  
 pN2mi  
 pN2a  
 pN2b  
 pN2c  
 pN3  
 pN3a  
 pN3b  
 pN3c  
 cNX  
 cN0  
 cN0a  
 cN0b  
 cN0(i+)  
 cN1

**AJCC TNM Path N Suffix (COC)**

cN1mi  
 cN1a  
 cN1b  
 cN1c  
 cN2  
 cN2mi  
 cN2a  
 cN2b  
 cN2c  
 cN3  
 cN3a  
 cN3b  
 cN3c  
 88  
 blank

***Administrative Notes***

New edit - NAACCR v18 metafile

**AJCC TNM Path N Suffix (COC)**

Agency: COC

Last changed: 05/08/2018 09:23:22

Edit Tag N2618

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid AJCC TNM Path N Suffix code and must be left-justified. "(" and ")" must be entered as shown. (sn) and (f) are mutually exclusive, both cannot be entered in the same record. May be blank.

Valid codes:

(sn): N determined by sentinel node biopsy,  
 (f): N determined by fine needle aspirate or core biopsy  
 blank

***Administrative Notes***

New edit - NAACCR v18 metafile

## AJCC TNM Path Stage Group (COC)

**AJCC TNM Path Stage Group (COC)**

Agency: COC

Last changed: 06/05/2018 21:57:28

*Edit Tag* N2591***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid code for AJCC TNM Path Stage Group and must be left-justified. Letters (excluding Occult, 0a, and 0is) must be uppercase. May be blank.

This item is allowed to be blank because it was not required before 2018. The item is also not required by all standard setters. Other edits verify that the data item is reported according to standard setter requirements by date of diagnosis.

Valid codes:

```

OccultCarcinoma
0
0a
0is
1
1A
1A1
1A2
1A3
1B
1B1
1B2
1C
1E
1S
1:0
1:1
1:2
1:3
1:4
1:5
1:6
1:7
1:8
1:9
1:10
1:11
1:12
1:13
1:14
1:15
1:16
1:17
1:18

```

**AJCC TNM Path Stage Group (COC)**

1:19  
1:20  
1:21  
1:22  
1:23  
1:24  
1:25  
2  
2A  
2A1  
2A2  
2B  
2C  
2E  
2 bulky  
2:0  
2:1  
2:2  
2:3  
2:4  
2:5  
2:6  
2:7  
2:8  
2:9  
2:10  
2:11  
2:12  
2:13  
2:14  
2:15  
2:16  
2:17  
2:18  
2:19  
2:20  
2:21  
2:22  
2:23  
2:24  
2:25  
3  
3A  
3A1  
3A2  
3B  
3C  
3C1  
3C2  
3D  
3:0  
3:1  
3:2  
3:3  
3:4  
3:5  
3:6  
3:7

**AJCC TNM Path Stage Group (COC)**

3:8  
3:9  
3:10  
3:11  
3:12  
3:13  
3:14  
3:15  
3:16  
3:17  
3:18  
3:19  
3:20  
3:21  
3:22  
3:23  
3:24  
3:25  
4  
4A  
4B  
4C  
4:0  
4:1  
4:2  
4:3  
4:4  
4:5  
4:6  
4:7  
4:8  
4:9  
4:10  
4:11  
4:12  
4:13  
4:14  
4:15  
4:16  
4:17  
4:18  
4:19  
4:20  
4:21  
4:22  
4:23  
4:24  
4:25  
88  
99  
blank

***Administrative Notes***

New edit - NAACCR v18 metafile



## AJCC TNM Path T (COC)

**AJCC TNM Path T (COC)**

Agency: COC

Last changed: 05/26/2018 16:12:25

*Edit Tag* N2505***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid code for AJCC TNM Path T and must be left-justified. T must be uppercase, subcategory letters and "c" and "p" in code must be lowercase. Components in () must be entered as shown. May be blank.

Valid codes:

pTX  
pT0  
pTa  
pTis  
pTis (DCIS)  
pTis (LAMN)  
pTis (Paget)  
pT1  
pT1a  
pT1a1  
pT1a2  
pT1b  
pT1b1  
pT1b2  
pT1c  
pT1c1  
pT1c2  
pT1c3  
pT1d  
pT1mi  
pT2  
pT2a  
pT2a1  
pT2a2  
pT2b  
pT2c  
pT2d  
pT3  
pT3a  
pT3b  
pT3c  
pT3d  
pT4  
pT4a  
pT4b

**AJCC TNM Path T Suffix (COC)**

pT4c  
 pT4d  
 pT4e  
 cTX  
 cT0  
 cTa  
 cTis  
 cTis (DCIS)  
 cTis (LAMN)  
 cTis (Paget)  
 cT1  
 cT1a  
 cT1a1  
 cT1a2  
 cT1b  
 cT1b1  
 cT1b2  
 cT1c  
 cT1c1  
 cT1c2  
 cT1c3  
 cT1d  
 cT1mi  
 cT2  
 cT2a  
 cT2a1  
 cT2a2  
 cT2b  
 cT2c  
 cT2d  
 cT3  
 cT3a  
 cT3b  
 cT3c  
 cT3d  
 cT3e  
 cT4  
 cT4a  
 cT4b  
 cT4c  
 cT4d  
 cT4e  
 88  
 blank

***Administrative Notes***

New edit - NAACCR v18 metafile

**AJCC TNM Path T Suffix (COC)**

Agency: COC

Last changed: 10/13/2017 17:16:44

**AJCC TNM Post Therapy M (COC)***Edit Tag N2821****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid AJCC TNM Path T Suffix code and must be left-justified. "(" and ")" must be entered as shown. May be blank.

Valid codes:

(s): single tumor  
 (m): multiple synchronous tumors, multifocal tumor for Thyroid differentiated and anaplastic  
 blank

***Administrative Notes***

New edit - NAACCR v18 metafile

**AJCC TNM Post Therapy M (COC)**

Agency: COC

Last changed: 09/10/2017 12:19:03

*Edit Tag N2587****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid code for TNM Path M and must be left-justified. Subcategory letters must be lowercase, "c" or "p" in code must be lowercase. Components in () must be entered as shown. May be blank.

Valid codes:

cM0  
 cM0 (i+)  
 cM1  
 cM1a  
 cM1a (0)  
 cM1a (1)  
 cM1b  
 cM1b (0)

**AJCC TNM Post Therapy N (COC)**

cM1b (1)  
 cM1c  
 cM1c (0)  
 cM1c (1)  
 cM1d  
 cM1d (0)  
 cM1d (1)  
 pM1  
 pM1a  
 pM1a (0)  
 pM1a (1)  
 pM1b  
 pM1b (0)  
 pM1b (1)  
 pM1c  
 pM1c (0)  
 pM1c (1)  
 pM1d  
 pM1d (0)  
 pM1d (1)  
 88  
 blank

***Administrative Notes***

New edit - NAACCR v18 metafile

**AJCC TNM Post Therapy N (COC)**

Agency: COC

Last changed: 08/21/2018 08:00:48

Edit Tag N2588

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid code for AJCC TNM Post Therapy N and must be left justified. N must be uppercase, subcategory letters and "yp" in code must be lowercase. Components in ( ) must be entered as shown. May be blank.

Valid codes:

ypNX  
 ypN0  
 ypN0 (i+)  
 ypN0 (mol+)  
 ypN0a  
 ypN1  
 ypN1mi

**AJCC TNM Post Therapy N Suffix (COC)**

ypN1a (sn)  
 ypN1a  
 ypN1b  
 ypN1c  
 ypN2  
 ypN2mi  
 ypN2a  
 ypN2b  
 ypN2c  
 ypN3  
 ypN3a  
 ypN3b  
 ypN3c  
 88  
 blank

***Administrative Notes***

New edit - NAACCR v18 metafile

**AJCC TNM Post Therapy N Suffix (COC)**

Agency: COC

Last changed: 09/10/2017 12:19:33

Edit Tag N2619

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid AJCC TNM Post Therapy N Suffix code and must be left-justified. "(" and ")" must be entered as shown. (sn) and (f) are mutually exclusive, both cannot be entered in the same record. May be blank.

Valid codes:

(sn): N determined by sentinel node biopsy,  
 (f): N determined by fine needle aspirate or core biopsy  
 blank

***Administrative Notes***

New edit - NAACCR v18 metafile

## AJCC TNM Post Therapy Stage Group (COC)

**AJCC TNM Post Therapy Stage Group (COC)**

Agency: COC

Last changed: 12/06/2018 21:26:07

*Edit Tag* N2592***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid code for AJCC TNM Post Therapy Stage Group and must be left-justified. Letters (excluding Occult, 0a, and 0is) must be uppercase. May be blank.

Valid codes:

OccultCarcinoma

0

0a

0is

1

1A

1A1

1A2

1A3

1B

1B1

1B2

1C

1S

1:0

1:1

1:2

1:3

1:4

1:5

1:6

1:7

1:8

1:9

1:10

1:11

1:12

1:13

1:14

1:15

1:16

1:17

1:18

1:19

1:20

1:21

1:22

**AJCC TNM Post Therapy Stage Group (COC)**

1:23  
1:24  
1:25  
2  
2A  
2A1  
2A2  
2B  
2C  
2:0  
2:1  
2:2  
2:3  
2:4  
2:5  
2:6  
2:7  
2:8  
2:9  
2:10  
2:11  
2:12  
2:13  
2:14  
2:15  
2:16  
2:17  
2:18  
2:19  
2:20  
2:21  
2:22  
2:23  
2:24  
2:25  
3  
3A  
3A1  
3A2  
3B  
3C  
3C1  
3C2  
3D  
3:0  
3:1  
3:2  
3:3  
3:4  
3:5  
3:6  
3:7  
3:8  
3:9  
3:10  
3:11  
3:12  
3:13

**AJCC TNM Post Therapy Stage Group (COC)**

3:14  
3:15  
3:16  
3:17  
3:18  
3:19  
3:20  
3:21  
3:22  
3:23  
3:24  
3:25  
4  
4A  
4B  
4C  
4:0  
4:1  
4:2  
4:3  
4:4  
4:5  
4:6  
4:7  
4:8  
4:9  
4:10  
4:11  
4:12  
4:13  
4:14  
4:15  
4:16  
4:17  
4:18  
4:19  
4:20  
4:21  
4:22  
4:23  
4:24  
4:25  
88  
99  
blank

***Administrative Notes***

New edit - NAACCR v18 metafile

**Modifications****NAACCR v18C**

- Logic updated, stage values in logic column headed by 3A1 corrected to 15 char from 14 char; stage values in logic column headed by 3A2 corrected to 15 char from 16 char



## AJCC TNM Post Therapy T (COC)

## AJCC TNM Post Therapy T (COC)

Agency: COC

Last changed: 05/26/2018 16:15:12

*Edit Tag* N2589***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid code for AJCC TNM Post Therapy T and must be left-justified. T must be uppercase, subcategory letters and "yp" in code must be lowercase. Components in () must be entered as shown. May be blank.

Valid codes:

ypTX  
 ypT0  
 ypTa  
 ypTis  
 ypTis (DCIS)  
 ypTis (LAMN)  
 ypTis (Paget)  
 ypT1  
 ypT1a  
 ypT1a1  
 ypT1a2  
 ypT1b  
 ypT1b1  
 ypT1b2  
 ypT1c  
 ypT1c1  
 ypT1c2  
 ypT1c3  
 ypT1d  
 ypT1mi  
 ypT2  
 ypT2a  
 ypT2a1  
 ypT2a2  
 ypT2b  
 ypT2c  
 ypT2d  
 ypT3  
 ypT3a  
 ypT3b  
 ypT3c  
 ypT3d  
 ypT4  
 ypT4a

**AJCC TNM Post Therapy T Suffix (COC)**

ypT4b  
ypT4c  
ypT4d  
ypT4e  
88  
blank

***Administrative Notes***

New edit - NAACCR v18 metafile

**AJCC TNM Post Therapy T Suffix (COC)**

Agency: COC

Last changed: 05/08/2018 09:24:17

*Edit Tag* N2616

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid AJCC TNM Post Therapy T Suffix code and must be left-justified.  
"(" and ")" must be entered as shown. May be blank.

Valid codes:

(s): single tumor  
(m): multiple synchronous tumors, multifocal tumor for Thyroid differentiated  
and anaplastic  
blank

***Administrative Notes***

New edit - NAACCR v18 metafile

**Anemia, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:14:50

*Edit Tag* N2742

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
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**Anemia, Schema ID, Required (MCR/NAACCR)**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Anemia code or blank:

- 0: Anemia not identified/not present  
Hgb >= 11.0 grams/deciliter (g/dL)
- 1: Anemia present  
Hgb <11.0 g/dL
- 6: Lab value unknown, physician states patient is anemic
- 7: Test done, results not in chart
- 9: Not documented in medical record  
Anemia not assessed or unknown if assessed

Another edit, Anemia, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

**Administrative Notes**

New edit - NAACCR v18 metafile

**Anemia, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/13/2019 21:18:24

Edit Tag MA2874

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

1. The edit is skipped for any of the following conditions:
- a. Date of Diagnosis pre-2019, blank (unknown), or invalid.

**Autopsy Only, RX (NPCR)**

- b. Schema ID is blank.
- c. Type of Reporting Source = 7 (Death Certificate Only)

2. This edit verifies that Anemia is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00795: Lymphoma (CLL/SLI)

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Autopsy Only, RX (NPCR)**

Agency: NPCR

Last changed: 02/19/2019 22:16:51

Edit Tag N0831

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit is skipped if year of Date of Diagnosis is less than 2006 or greater than 2018, blank (unknown), or invalid.

If Type of Reporting Source is 6 (autopsy only):

1. RX Summ--Surg Prim Site must = 00 or 98
2. RX Summ--Scope Reg LN Sur
  - A. For primaries of the meninges, brain, spinal cord, cranial nerves, and other parts of the central nervous system (C700-C729), intracranial other endocrine (C751, C752, C753), unknown or ill-defined sites (C760-C768, C809), lymphoma and hematopoietic [C420, C421, C423, C424 (all histologies) and 9590-9992]

**Autopsy Only, RX (NPCR)**

- RX Summ--Scope Reg LN Sur must = 0 or 9
- B. For all other sites/histologies
  - RX Summ--Scope Reg LN Sur must = 0
- 3. RX Summ--Surg Oth Reg/Dis
  - A. For primaries of the meninges, brain, spinal cord, cranial nerves, and other parts of the central nervous system (C700-C729), unknown site (C809), lymphoma and hematopoietic (9590-9992)
    - RX Summ--Surg Oth Reg/Dis must = 0 or 9
  - B. For all other sites/histologies
    - RX Summ--Surg Oth Reg/Dis must = 0
- 4. Reason for No Surgery must = 1 or 9
- 5. RX Summ--BRM must = 00
- 6. RX Summ--Chemo must = 00
- 7. RX Summ--Hormone must = 00
- 8. RX Summ--Other must = 0
- 9. RX Summ--Transplnt/Endocr = 00
- 10. If diagnosis year < 2018, Rad--Regional RX Modality must = 00
- 11. If diagnosis year = 2018, Phase I Radiation Treatment Modality must = 00
- 12. RX Summ--Surg/Rad Seq must = 0
- 13. RX Summ--Systemic/Sur Seq must = 0

**Administrative Notes**

## Modifications:

NACR111

09/2006

The name of the data item RX Summ--Systemic Sur Seq was changed to RX Summ--Systemic/Sur Seq.

NAACCR v11.1A

02/2007

Changed "primary site of brain (700, C710-C719)" to "primaries of the meninges, brain, spinal cord, cranial nerves, and other parts of the central nervous system (C700-C729)".

NAACCR v11.3

02/2008

Added intracranial other endocrine (C751, C752, C753) to list of primary sites that require Summ--Scope Reg LN Sur to = 0 or 9.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Hematopoietic end range code was changed from 9989 to 9992.

NAACCR v12.1

- Modified: C420, C421, C423, C424, and C760-C768 were added to the list of primary site codes for which RX Summ--Scope Reg LN Sur can be either 0 or 9 for autopsy only cases.

NAACCR v14

**Autopsy Only, RX, Schema ID (NPCR)**

- Added '1' to codes indicating Autopsy Only for Reason for No Surgery. '1' was added for Autopsy Only in the 2013 FORDS Manual.

Edit now allows both '1' and '9' for Autopsy Only.

**NAACCR v18**

- Edit modified to skip if invalid diagnosis date rather than return error message.

- Edit modified to check on Rad--Regional Modality if diagnosis date < 2018, to check on Phase I Radiation Treatment Modality if diagnosis date >= 2018.

**NAACCR v18C**

- Description, logic updated to skip if diagnosis year > 2018

- Description, logic modified to check on Rad--Regional Modality only if diagnosis date < 2018

- Description, logic modified to check on Phase I Radiation Treatment Modality if diagnosis date = 2018 (from diagnosis date >= 2018)

**Autopsy Only, RX, Schema ID (NPCR)**

Agency: NPCR

Last changed: 09/26/2019 19:11:15

Edit Tag N5020

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit verifies that surgery fields are coded appropriately by Schema ID and/or Primary Site code for autopsy only cases.

This edit is skipped for any of the following:

- Year of Date of Diagnosis is less than 2019, blank(unknown), or invalid.
- Schema ID is blank

If Type of Reporting Source is 6 (autopsy only):

- RX Summ--Surg Prim Site must = 00 or 98
- RX Summ--Scope Reg LN Sur

A. For the following Schema IDs

- RX Summ--Scope Reg LN Sur must = 9:

- 00721 Brain
- 00722 CNS Other
- 00723 Intracranial Gland
- 00790 Lymphoma, C770-C779 only
- 00795 Lymphoma CLL/SLL, C770-C779 only
- 99999 Ill-Defined Other (excluding C422)

Any with Primary Site code = C420, C421, C423, C424, C700-C709, C710-C729, C751-C753, C761-C768, C770-C779, C809

**B Symptoms, Date DX (NAACCR)**

B. For the following Schema IDS

- RX Summ--Scope Reg LN Sur may = 9 or 0:

00821 Plasma Cell Myeloma

00822 Plasma Cell Disorders (excluding 9734)

00830 HemeRetic

C. For all other sites/histologies

- RX Summ--Scope Reg LN Sur must = 0

3. RX Summ--Surg Oth Reg/Dis

- RX Summ--Surg Oth Reg/Dis must = 0

4. Reason for No Surgery must = 1 or 9

5. RX Summ--BRM must = 00

6. RX Summ--Chemo must = 00

7. RX Summ--Hormone must = 00

8. RX Summ--Other must = 0

9. RX Summ--Transplnt/Endocr = 00

10. Phase I Radiation Treatment Modality must = 00

11. RX Summ--Surg/Rad Seq must = 0

12. RX Summ--Systemic/Sur Seq must = 0

**Administrative Notes**

New edit - v18C metafile

**Modifications****NAACCR v18D**

- Description, logic updated to allow 0 or 9 for RX Summ--Scope Reg LN Sur for Schema IDs 00821,00822 excl 9734,00830

**NAACCR v18D Patch**

- Logic corrected: statement for Schema ID 00822 removed from strcpy (nodenine,"1"); statement for strcpy (nodenine, "0") removed from else statement and reordered before statements for strcpy (nodenine "1") and

strcpy(nodenine"3"); evaluation of nodenine 3 corrected to allow RX Summ--Scope Reg LN Sur = 0 or 9 rather than 0 or 1

**B Symptoms, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:25:44

Edit Tag N2939

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**B Symptoms, Schema ID, Required (MCR/NAACCR)****Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid B Symptoms code or blank:

- 0: No B symptoms (asymptomatic)  
Classified as "A" by physician when asymptomatic
- 1: Any B symptom(s)  
Night sweats (drenching)  
Unexplained fever (above 38 degrees C)  
Unexplained weight loss (generally greater than 10% of body weight in the six months before admission)  
B symptoms, NOS  
Classified as "B" by physician when symptomatic
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record  
B symptoms not assessed or unknown if assessed

Another edit, B Symptoms, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**B Symptoms, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/13/2019 21:12:51

Edit Tag MA2951

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that B Symptoms is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

- 00790: Lymphoma
- 00795: Lymphoma (CLL/SLL)



**Behavior Code, Histologic Type (NAACCR/MCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Behavior Code, Histologic Type (NAACCR/MCR)**

Agency: NONE

Last changed: 12/21/2018 14:36:41

*Edit Tag* MA2512

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

If Behavior (92-00) ICD-O-2 = 1 (borderline), then year of Date of Diagnosis must be greater than 2000 and Histology (92-00) ICD-O-2 must equal one of the following:

8931  
9950  
9960  
9961  
9962  
9980  
9981  
9982  
9983  
9984  
9989

These codes may have been entered as malignant in ICD-O-3, but converted to borderline in ICD-O-2.

MCR modification: Some histologies typical for 'benign brain tumors' are excluded as these were always reportable to the MCR.

**Behavior ICDO2 (COC)**

Agency: COC

Last changed: 07/07/2005

*Edit Tag* N0238

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

**Behavior ICDO2, Behavior ICDO3 (SEER IF115)****Description**

This field is allowed to be blank because the item was not required after 2000. Another edit (Behavior ICDO2, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is less than 2001. Registries should include both edits in their edit set.

Must be a valid Behavior (92-00) ICD-O-2 code of 0 (benign), 1 (borderline), 2 (in situ) or 3 (malignant).

**Behavior ICDO2, Behavior ICDO3 (SEER IF115)**

Agency: SEER

Last changed: 06/27/2008

*Edit Tag* N0737**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

**Description**

If Behavior (92-00) ICD-O-2 = 2 and Behavior Code ICD-O-3 = 3, an error is generated.

If Behavior (92-00) ICD-O-2 = 3 and Behavior Code ICD-O-3 = 2, an error is generated.

**Administrative Notes**

In the SEER\*Edits software, the title of this edit is: IF115

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

**Behavior ICDO2, Summary Stage 1977 (NAACCR)**

Agency: NAACCR

Last changed: 08/02/2005

*Edit Tag* N0365**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

**Description**

This edit is skipped if SEER Summary Stage 1977 is blank or if case is death certificate only (Type of Reporting Source = 7).

If Behavior (92-00) ICD-O-2 = 2 (in situ), then SEER Summary Stage 1977 must be 0.

**Behavior ICDO3 (COC)**

If Behavior (92-00) ICD-O-2 = 3 (malignant), then SEER Summary Stage 1977 must be greater than 0.

**Behavior ICDO3 (COC)**

Agency: COC

Last changed: 03/12/2003

*Edit Tag* N0469***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This field is allowed to be blank because the item was not required until 2001. Another edit (Behavior ICDO3, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2000 and not equal 9999. Registries should include both edits in their edit set.

Must be a valid Behavior Code ICD-O-3 code of 0 (benign), 1 (borderline), 2 (in situ) or 3 (malignant).

**Behavior ICDO3 nonmalig, Summary Stage 2000 (MCR)**

Agency: NONE

Last changed: 12/31/2018 15:06:14

*Edit Tag* MA2513***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if SEER Summary Stage 2000 is blank. (Diagnosis year-appropriate blankness is checked by other edits.)

This edit is skipped for Death Certificate-Only cases (Type of Reporting Source = 7 or Class of Case = 49).

This edit is skipped if year of Date of Diagnosis is empty, invalid, less than 2004, or greater than 2017.

If Behavior Code ICD-O-3 = 0 or 1 (benign or borderline), then SEER Summary Stage 2000 must = 8 (not applicable).

**Behavior ICDO3, Date of Diagnosis (NAACCR)*****Administrative Notes***

v16D February 22, 2017 MCR original edit to make sure SS2000 code 8 is being used for benign/borderline behavior

Code 8 was added by the standard-setters to Summary Staging beginning with 2004 diagnoses for reportable benign/borderline brain/CNS tumors. (Although the code was not added into the SEER Summary Staging 2000 Manual, it is documented in the 2016 FORDS and SEER Program Coding and Staging Manual). In the 2004+ diagnosis years, MCR requires manually-entered Summary Stage 2000 for 2015-2017 diagnoses.

**Behavior ICDO3, Date of Diagnosis (NAACCR)**

Agency: NAACCR

Last changed: 11/27/2009

Edit Tag N0467

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

If year of Date of Diagnosis is greater than 2000 and is not blank, then Behavior Code ICD-O-3 cannot be blank.

***Administrative Notes***

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**Behavior ICDO3, Histologic Type ICDO3 (NAACCR/MCR)**

Agency: NONE

Last changed: 12/21/2018 14:37:22

Edit Tag MA2514

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Behavior ICDO3, Summary Stage 2000 (NAACCR)****Description**

If Behavior Code ICD-O-3 = 1 (borderline), then year of Date of Diagnosis must be less than 2001 and Histologic Type ICD-O-3 must equal one of the following: 8442, 8451, 8462, 8472, 8473.

These codes may have been entered as malignant in ICD-O-2, but converted to borderline in ICD-O-3.

MCR requires benign, borderline brain and CNS for all years.

**Administrative Notes**

MCR removes NAACCR's 2004+ restriction on behaviors 0 & 1 for C70-C72, C751-C753.

**Behavior ICDO3, Summary Stage 2000 (NAACCR)**

Agency: NAACCR

Last changed: 12/15/2005

Edit Tag N0439

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit is skipped if SEER Summary Stage 2000 is blank or if case is death certificate only (Type of Reporting Source = 7).

If Behavior Code ICD-O-3 = 2 (in situ), then SEER Summary Stage 2000 must be 0.

If Behavior Code ICD-O-3 = 3 (malignant), then SEER Summary Stage 2000 must be greater than 0.

**Bilirubin Pretreatment Total Lab Value, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 07/03/2019 08:18:13

Edit Tag N2652

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses

2. Must be a valid Bilirubin Pretreatment Total Lab Value code or blank:

0.0: 0.0 milligram/deciliter (mg/dl)

**Bilirubin Pretreatment Total Lab Value, Schema ID, Required, CoC Flag (MCR/SEER)**

0.0 micromole/liter (umol/L)  
 0.1-999.9: 0.1-999.9 milligram/deciliter (mg/dl)  
           0.1-999.9 micromole/liter (umol/L)  
 XXX.1: 1000 milligram/deciliter (mg/dl) or greater  
           1000 micromole/liter (umol/L) or greater  
 XXX.7: Test ordered, results not in chart  
 XXX.8: Not applicable: Information not collected for this case  
 XXX.9: Not documented in medical record  
           Bilirubin Pretreatment Total Lab Value not assessed or unknown if  
           assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, Bilirubin Pretreatment Total Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

## **Bilirubin Pretreatment Total Lab Value, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/13/2019 20:56:21

Edit Tag MA3908

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Bilirubin Pretreatment Total Lab Value is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Bilirubin Pretreatment Total Lab Value is not "XXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00220: Liver

**Bilirubin Pretreatment Unit of Measure, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Bilirubin Pretreatment Unit of Measure, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2722

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses

2. Must be a valid Bilirubin Pretreatment Unit of Measure code or blank:

1: Milligrams/deciliter (mg/dl)

2: Micromoles/liter (umol/L)

7: Test ordered, results not in chart

8: Not applicable: Information not collected for this case

9: Not documented in medical record

Bilirubin Pretreatment Unit of Measure not assessed or unknown if assessed

Another edit, Bilirubin Pretreatment Unit of Measure, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Bilirubin Pretreatment Unit of Measure, Schema ID, Required, CoC Flag (MCR/SEER)**

### ***Administrative Notes***

New edit - NAACCR v18 metafile

## **Bilirubin Pretreatment Unit of Measure, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/13/2019 20:52:02

Edit Tag MA3909

### ***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

### ***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Bilirubin Pretreatment Unit of Measure is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that Bilirubin Pretreatment Unit of Measure is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00220: Liver

### ***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.



## Birthplace--Country (NAACCR)

**Birthplace--Country (NAACCR)**

Agency: NAACCR

Last changed: 12/08/2014

*Edit Tag* N1668***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Birthplace--Country must contain a valid ISO code or standard custom code for country.

***Administrative Notes***

New edit - added to NAACCR v13 metafile.

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

## Modifications

NAACCR v15

Country code table (CNTRY\_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'

Czechoslovakia (former) - 'XCZ' changed to 'CSK'

Slovakia - 'SWK' changed to 'SVK'

Vanuatu - 'VLT' changed to 'VUT'

Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

**Birthplace--Country, Birthplace--State (NAACCR)**

Agency: NAACCR

Last changed: 03/28/2018 22:19:50

*Edit Tag* N1672***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if any of the fields are blank.

**Birthplace--Country, Date of Diagnosis (NAACCR)**

This edit verifies that the Birthplace--State code is valid for the Birthplace--Country.

***Administrative Notes***

New edit - added to NAACCR v13 metafile.

In the SEER\*Edits software, the title of this edit is: IF400

**Modifications****NAACCR v15**

- Edit updated to no longer allow Birthplace--State of XX (Resident of country other than U.S. or Canada, country known) with  
Birthplace--Country of ZZ (Not U.S. or Canada, country unknown)

Country code table (CNTRY\_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'  
Czechoslovakia (former) - 'XCZ' changed to 'CSK'  
Slovakia - 'SWK' changed to 'SVK'  
Vanuatu - 'VLT' changed to 'VUT'  
Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

State codes 'XX' and 'YY' (instead of just 'YY') allowed with 'CSK' and 'YUG'

**NAACCR v18**

- Name changed from Birthplace--Country, State (NAACCR) to Birthplace--Country, Birthplace--State (NAACCR)

**Birthplace--Country, Date of Diagnosis (NAACCR)**

Agency: NAACCR

Last changed: 10/08/2014

*Edit Tag* N1690

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE

***Description***

This edit is skipped if either field is blank.

If year of Date of Diagnosis is 2013 or later, then Birthplace--Country cannot be any of the following "historic" codes:

XNI North American Islands  
XCB Other Caribbean Islands  
XEN England, Channel Islands, Isle of Man

**Birthplace--State (NAACCR)**

XSC Scandinavia  
 XGR Germanic Countries  
 XSL Slavic Countries  
 XUM Ukraine and Moldova  
 XNF North Africa  
 XSD Sudanese Countries  
 XWF West Africa  
 XSF South Africa  
 XEF East Africa  
 XIF African Islands  
 XET Ethiopia and Eritrea  
 XAP Arabian Peninsula  
 XIS Israel and Palestine  
 XCR Caucasian Republics of former USSR  
 XOR Other Asian Republics of former USSR  
 XSE Southeast Asia  
 XMS Malaysia, Singapore, Brunei  
 XCH China, NOS  
 XML Melanesian Islands  
 XMC Micronesian Islands  
 XPL Polynesian Islands

***Administrative Notes***

New edit - added to NAACCR v13 metafile.

In the SEER\*Edits software, the title of this edit is: IF399

This edit differs from the COC edit of the same name in that it is skipped if either field is blank.

**Modifications**

NAACCR v15

The historic codes used for Yugoslavia (XYG) and Czechoslovakia (XCZ) have been removed from the list of historic codes.

**Birthplace--State (NAACCR)**

Agency: NAACCR

Last changed: 11/28/2012

*Edit Tag* N1671

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Birthplace--State must contain a valid ISO code or standard custom code for state.

**Birthplace--State, Date of Diagnosis (NAACCR)*****Administrative Notes***

New edit - added to NAACCR v13 metafile.

This edit differs from the COC edit of the same name in that it does not allow the field to be blank.

**Birthplace--State, Date of Diagnosis (NAACCR)**

Agency: NAACCR

Last changed: 12/11/2012

*Edit Tag* N1693

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE

***Description***

This edit is skipped if either field is blank.

If year of Date of Diagnosis is 2013 or later, then Birthplace--State cannot be any of the following "historic" codes:

NN New England and New Jersey  
MM Maritime Provinces  
PP Prairie Provinces  
YN Yukon and Northwest Territories

***Administrative Notes***

New edit - added to NAACCR v13 metafile.

In the SEER\*Edits software, the title of this edit is: IF401

This edit differs from the COC edit of the same name in that it is skipped if either field is blank.

**Bladder, RX Summ--Surg Prim Site, BRM (COC)**

Agency: COC

Last changed: 04/11/2007

*Edit Tag* N0646

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if either RX Summ--Surg Prim Site or RX Summ--BRM is empty.

If Primary Site = C670-C679 (bladder) and RX Summ--Surg Prim Site = 16, then RX Summ--BRM must = 01.

**Bone Invasion, Date DX (NAACCR)*****Administrative Notes***

Modifications:

NACR111

12/11/06

The edit was updated so that it will be skipped if either RX Summ--Surg Prim Site or RX Summ--BRM is empty.

**Bone Invasion, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag N2697****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Bone Invasion code or blank:

0: Bone invasion not present/not identified on imaging

1: Bone invasion present/identified on imaging

8: Not applicable: Information not collected for this case

9: Not documented in medical record

Bone Invasion not assessed or unknown if assessed

Another edit, Bone Invasion, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Bone Invasion, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/13/2019 20:46:37

*Edit Tag MA2875****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
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**Brain Molecular Markers, Date DX (NAACCR)**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Bone Invasion is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00400: Soft Tissue Sarcoma of the Head and Neck  
 00410: Soft Tissue Sarcoma of the Trunk and Extremities  
 00421: Soft Tissue Sarcoma of the Abdomen and Thorax  
 00422: Heart, Mediastinum, Pleura  
 00440: Soft Tissue Sarcoma of the Retroperitoneum  
 00450: Soft Tissue Sarcoma of Other Sites

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Brain Molecular Markers, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:25:30

Edit Tag N2938

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

- This data item must be blank for pre-2018 diagnoses.

**Brain Molecular Markers, Morph--Type&Behav ICD-O-3 (NAACCR)**

2. Must be a valid Brain Molecular Markers code or blank:

01: Diffuse astrocytoma, IDH-mutant (9400/3)  
 02: Diffuse astrocytoma, IDH-wildtype (9400/3)  
 03: Anaplastic astrocytoma, IDH-mutant (9401/3)  
 04: Anaplastic astrocytoma, IDH-wildtype (9401/3)  
 05: Glioblastoma, IDH-wildtype (9440/3)  
 06: Oligodendroglioma, IDH-mutant and 1p/19q co-deleted (9450/3)  
 07: Anaplastic oligodendroglioma, IDH-mutant and 1p/19q co-deleted (9451/3)  
 08: Medulloblastoma, SHH-activated and TP53-wildtype (9471/3)  
 09: Embryonal tumor with multilayered rosettes, C19MC-altered (9478/3)  
 85: Not applicable: Histology not 9400/3, 9401/3, 9440/3, 9450/3, 9451/3, 9471/3, 9478/3  
 86: Benign or borderline tumor  
 87: Test ordered, results not in chart  
 88: Not applicable: Information not collected for this case  
 99: Not documented in medical record  
     No microscopic confirmation  
     Brain Molecular Markers not assessed or unknown if assessed

## Brain Molecular Markers, Morph--Type&Behav ICD-O-3 (NAACCR)

Agency: NAACCR

Last changed: 07/21/2018 16:28:39

Edit Tag N3032

### Edit Sets

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

### Description

This edit verifies that the brain molecular marker SSDI is coded consistently with Morph--Type&Behav ICD-O-3 (Histologic Type ICD-O-3 and Behavior ICD-O-3) codes.

- The edit is skipped for the following conditions:
  - Diagnosis date is before 2018, blank (unknown), or invalid.
  - Morph--Type&Behav ICD-O-3 is blank.
  - Schema ID not = 00721 or 00722
  - Brain Molecular Markers is blank or 88 (not applicable).
- The edit verifies that if Brain Molecular Markers is coded as shown, Morph--Type&Behav ICD-O-3 is also coded as shown in the following list.

01: Diffuse astrocytoma, IDH-mutant (9400/3)  
 02: Diffuse astrocytoma, IDH-wildtype (9400/3)  
 03: Anaplastic astrocytoma, IDH-mutant (9401/3)  
 04: Anaplastic astrocytoma, IDH-wildtype (9401/3)  
 05: Glioblastoma, IDH-wildtype (9440/3)  
 06: Oligodendroglioma, IDH-mutant and 1p/19q co-deleted (9450/3)

**Brain Molecular Markers, Schema ID, Required (NAACCR)**

07: Anaplastic oligodendroglioma, IDH-mutant and 1p/19q co-deleted (9451/3)  
08: Medulloblastoma, SHH-activated and TP53-wildtype (9471/3)  
09: Embryonal tumor with multilayered rosettes, C19MC-altered (9478/3)  
85: Not applicable: Histology not 9400/3, 9401/3, 9440/3, 9450/3, 9451/3, 9471/3, 9478/3

3. If Brain Molecular Markers is coded 86 (Benign or borderline tumor), Behavior Code ICD-O-3 must = 0 (benign) or 1 (borderline).  
If Behavior Code ICD-O-3 = 0 or 1, Brain Molecular Markers must = 86.

## Brain Molecular Markers, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 07/28/2018 11:22:04

*Edit Tag N3022****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2018, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Brain Molecular Markers is not "88" and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00721: Brain  
00722: CNS Other

***Administrative Notes***

New edit - NAACCR v18 metafile



Brain Molecular Markers, Summary Stage 2018 (MCR/NAACCR)

## Brain Molecular Markers, Summary Stage 2018 (MCR/NAACCR)

Agency: NONE

Last changed: 04/14/2019 21:19:17

*Edit Tag* MA5041

### *Edit Sets*

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

### *Description*

This edit verifies that the Brain Molecular Markers SSDI is coded consistently with Summary Stage 2018 for benign/borderline cases.

1. The edit is skipped for the following conditions:
  - a. Diagnosis date is before 2018, blank (unknown), or invalid.
  - b. Schema ID not = 00721 or 00722
  - c. Brain Molecular Markers is blank or 88 (not applicable).
  - d. Summary Stage 2018 is blank
2. The edit verifies that if Brain Molecular Markers is coded 86 (Benign or borderline tumor), Summary Stage 2018 = 8.
3. If Summary Stage 2018 = 8, Brain Molecular Markers must = 86 (Benign or borderline) or 99 (no microscopic confirmation).

### *Administrative Notes*

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019.

## Breast, Nodes Pos/Ex, Scope Nodes, EOD Regional Nodes (SEER)

Agency: SEER

Last changed: 07/18/2019 22:30:02

*Edit Tag* N5031

### *Edit Sets*

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE

**Breslow Tumor Thickness, Date DX (NAACCR)**

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

**Description**

This edit verifies that EOD Regional Nodes is coded consistently with RX Summ--Scope Reg LN Surg and Regional Nodes Positive and Regional Nodes Examined for Breast.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
  - b. Schema ID is not 00480
  - c. EOD Regional Nodes is blank
2. If EOD Regional Nodes = 030, 050, or 070 (pathological assessment of nodes with ITCs only or negative nodes), RX Summ--Scope Reg LN Sur must not = 0 (no nodal surgery).
3. If EOD Regional Nodes = 030, 050, or 070, Regional Nodes Positive must = 00 (no nodes positive) or 99 (unknown or no information).

**Administrative Notes**

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D

- Description, logic updated, statement 4 removed: if all nodes examined negative, EOD Regional Nodes required to be 030, 050, or 070

**Breslow Tumor Thickness, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 07/14/2018 11:27:51

Edit Tag N2655

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Breslow Tumor Thickness code or blank:

**Breslow Tumor Thickness, Melanoma, Behavior (NAACCR)**

0.0: No mass/tumor found  
 0.1: Greater than 0.0 and less than or equal to 0.1 millimeter  
 0.2-99.9: 0.2-99.9 millimeters  
 XX.1: 100 millimeters or larger  
 A0.1-A9.9: Stated as "at least" some measured value of 0.1 to 9.9  
 AX.0: Stated as greater than 9.9 mm  
 XX.8: Not applicable: Information not collected for this schema  
 XX.9: Not documented in medical record  
     Microinvasion; microscopic focus or foci only and no depth given  
     Cannot be determined by the pathologist  
     In situ melanoma  
     Breslow Tumor Thickness not assessed or unknown if assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, Breslow Tumor Thickness, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter. This data item is required for EOD Derived Stage Group.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Breslow Tumor Thickness, Melanoma, Behavior (NAACCR)**

Agency: NAACCR

Last changed: 05/07/2018 07:40:28

*Edit Tag* N3033

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that Breslow Tumor Thickness SSDI for Melanoma of Skin is coded consistently with Behavior Code ICD-O-3.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2018, blank (unknown), or invalid.
  - Schema ID is not 00470
  - Breslow Tumor Thickness is blank or XX.8 (not applicable)
- The edit verifies that if Behavior Code ICD-O-3 = 2, Breslow Tumor Thickness = "XX.9" (In situ melanoma).

**Breslow Tumor Thickness, Melanoma, Summary Stage 2018 (MCR/NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**Breslow Tumor Thickness, Melanoma, Summary Stage 2018 (MCR/NAACCR)**

Agency: NONE

Last changed: 04/14/2019 21:31:03

*Edit Tag* MA5042***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that the Breslow Tumor Thickness SSDI is coded consistently Summary Stage 2018 for in-situ melanomas.

1. The edit is skipped for the following conditions:
  - a. Diagnosis date is before 2018, blank (unknown), or invalid.
  - b. Schema ID not = 00470
  - c. Breslow Tumor Thickness is blank or XX.8 (not applicable).
  - d. Summary Stage 2018 is blank
2. The edit verifies that if Summary Stage 2018 = 0, Breslow Tumor Thickness must = XX.9 (In situ melanoma).

***Administrative Notes***

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019.

**Breslow Tumor Thickness, Schema ID, Required (NAACCR)**

Agency: NAACCR

Last changed: 07/28/2018 10:43:47

*Edit Tag* N2855

**CA-125 Pretreatment Interpretation, Date DX (NAACCR)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2018, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Breslow Tumor Thickness is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

This data item is required for EOD Derived Stage Group.

Required for Schema ID:

00470: Melanoma of Skin

***Administrative Notes***

New edit - NAACCR v18 metafile

**CA-125 Pretreatment Interpretation, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2644

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

- This data item must be blank for pre-2018 diagnoses.
- Must be a valid CA-125 Pretreatment Interpretation code or blank:

**CA-125 Pretreatment Interpretation, Schema ID, Required (MCR/NAACCR)**

0: Negative/normal; within normal limits  
 1: Positive/elevated  
 2: Stated as borderline; undetermined whether positive or negative  
 7: Test done, results not in chart  
 8: Not applicable: Information not collected for this case  
 9: Not documented in medical record  
 CA-125 Pretreatment Interpretation not assessed or unknown if assessed

Another edit, CA-125 Pretreatment Interpretation (NAACCR), Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**CA-125 Pretreatment Interpretation, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/13/2019 20:35:39

Edit Tag MA2943

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that CA-125 Pretreatment Interpretation is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00551: Ovary  
 00552: Primary Peritoneal Carcinoma  
 00553: Fallopian Tube

**CEA Pretreatment Interpretation, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**CEA Pretreatment Interpretation, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2691

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid CEA Pretreatment Interpretation code or blank:
  - 0: CEA negative/normal; within normal limits
  - 1: CEA positive/elevated
  - 2: Borderline
  - 3: Undetermined if positive or negative (normal values not available)  
AND no MD interpretation
  - 7: Test ordered, results not in chart
  - 8: Not applicable: Information not collected for this case
  - 9: Not documented in medical record  
CEA Pretreatment Interpretation not assessed or unknown if assessed

Another edit, CEA Pretreatment Interpretation, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

CEA Pretreatment Interpretation, Schema ID, Required (MCR/NAACCR)

## CEA Pretreatment Interpretation, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/13/2019 20:30:59

*Edit Tag* MA2998

### *Edit Sets*

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

### *Description*

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that CEA Pretreatment Interpretation is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00190: Appendix  
00200: Colon and Rectum

### *Administrative Notes*

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## CEA Pretreatment Lab Value, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/14/2018 11:39:17

*Edit Tag* N2649



**CEA Pretreatment Lab Value, Schema ID, Required (MCR/NAACCR)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid CEA Pretreatment Lab Value code or blank:

0.0: 0.0 nanograms/milliliter (ng/ml) exactly  
 0.1-9999.9: 0.1-9999.9 ng/ml  
                     (Exact value to nearest tenth in ng/ml)  
 XXXX.1: 10,000 ng/ml or greater  
 XXXX.7: Test ordered, results not in chart  
 XXXX.8: Not applicable: Information not collected for this case  
 XXXX.9: Not documented in medical record  
                     CEA Pretreatment Lab Value not assessed or unknown if assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, CEA Pretreatment Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

## **CEA Pretreatment Lab Value, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/13/2019 20:27:51

Edit Tag MA2999

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)

**Chromosome 19q: Loss of Heterozygosity (LOH), Date DX (NAACCR)**

2. This edit verifies that CEA Pretreatment Lab Value is not "XXXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00190: Appendix

00200: Colon and Rectum

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## Chromosome 19q: Loss of Heterozygosity (LOH), Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2623

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Chromosome 19q: Loss of Heterozygosity (LOH) code or blank:

0: Chromosome 19q deletion/LOH not identified/not present

1: Chromosome 19q deletion/LOH present

6: Benign or borderline tumor

7: Test ordered, results not in chart

8: Not applicable: Information not collected for this case

9: Not documented in medical record

Cannot be determined by the pathologist.

Chromosome 19q: Loss of Heterozygosity (LOH) not assessed or unknown if assessed

**Chromosome 19q: Loss of Heterozygosity (LOH), Schema ID, Required (MCR/NAACCR)**

Another edit, Chromosome 19q: Loss of Heterozygosity (LOH) (NAACCR), Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Chromosome 19q: Loss of Heterozygosity (LOH), Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/13/2019 19:15:43

*Edit Tag* MA2942

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Chromosome 19q: Loss of Heterozygosity (LOH) is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00721: Brain

00722: CNS Other

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Chromosome 1p: Loss of Heterozygosity (LOH), Date DX (NAACCR)**

## Chromosome 1p: Loss of Heterozygosity (LOH), Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2622

### *Edit Sets*

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

### *Description*

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Chromosome 1p: Loss of Heterozygosity (LOH) code or blank:

0: Chromosome 1p deletion/LOH not identified/not present  
1: Chromosome 1p deletion/LOH identified/present  
6: Benign or borderline tumor  
7: Test ordered, results not in chart  
8: Not applicable: Information not collected for this case  
9: Not documented in medical record  
Cannot be determined by the pathologist  
Chromosome 1p: Loss of Heterozygosity (LOH) not assessed or unknown if assessed

Another edit, Chromosome 1p: Loss of Heterozygosity (LOH) Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

### *Administrative Notes*

New edit - NAACCR v18 metafile

## Chromosome 1p: Loss of Heterozygosity (LOH), Schema ID, Required (MCR/AACCR)

Agency: NONE

Last changed: 04/13/2019 19:11:46

*Edit Tag* MA2941

### *Edit Sets*

Edit Set Name	Edit Set Tag	Agency Code
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EditWriter 5

156

10/17/2019 02:45 PM

**Chromosome 3 Status, Date DX (NAACCR)**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Chromosome 1p: Loss of Heterozygosity (LOH) is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00721: Brain

00722: CNS Other

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Chromosome 3 Status, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 06/26/2019 14:37:51

Edit Tag N2665

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

- This data item must be blank for pre-2018 diagnoses.

**Chromosome 3 Status, Schema ID, Required, CoC Flag (MCR/SEER)**

2. Must be a valid Chromosome 3 Status code or blank:

0: No loss of chromosome 3  
 1: Partial loss of chromosome 3  
 2: Complete loss of chromosome 3  
 3: Loss of chromosome 3, NOS  
 7: Test ordered, results not available  
 8: Not applicable: Information not collected for this case  
 9: Not documented in medical record  
 Chromosome 3 Status not assessed or unknown if assessed

Another edit, Chromosome 3 Status, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

## Chromosome 3 Status, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/13/2019 19:07:44

Edit Tag MA3910

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Chromosome 3 Status is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Chromosome 3 Status is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00671: Melanoma Uvea (Iris)  
 00672: Melanoma Uvea (Choroid and Ciliary Body)

**Chromosome 8q Status, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Chromosome 8q Status, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2666

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Chromosome 8q Status code or blank:

0: No gain in chromosome 8q  
1: Gain in chromosome 8q  
7: Test ordered, results not available  
8: Not applicable: Information not collected for this case  
9: Not documented in medical record  
Chromosome 8q Status not assessed or unknown if assessed

Another edit, Chromosome 8q Status, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Chromosome 8q Status, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/13/2019 19:02:16

**Circumferential Resection Margin (CRM), Colon, Surg Prim Site/Margins (NAACCR)****Edit Tag** MA3911**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Chromosome 8q Status is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Chromosome 8q Status is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00671: Melanoma Uvea (Iris)

00672: Melanoma Uvea (Choroid and Ciliary Body)

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## Circumferential Resection Margin (CRM), Colon, Surg Prim Site/Margins (NAACCR)

Agency: NAACCR

Last changed: 05/07/2019 19:19:31

**Edit Tag** N3034**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
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**Circumferential Resection Margin (CRM), Date DX (NAACCR)**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit verifies that the Circumferential Resection Margin (CRM) SSDI is coded consistently with RX Summ--Surg Prim Site and RX Summ--Surgical Margins.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID is not 00200
  - Circumferential Resection Margin (CRM) is blank or XX.8 (not applicable).
- If RX Summ--Surg Prim Site = 00 (no surgery of primary site), 10-14 (local tumor destruction (no specimen sent to pathology), or 20-28 (local excision), then the Circumferential Resection Margin must be coded XX.7 (no resection of primary site).
- If RX Summ--Surg Prim Site = 30-80 (surgery of primary site), then Circumferential Resection Margin must not = XX.7 (no resection of primary site).
- If the Circumferential Resection Margin is coded 0.0 (positive circumferential resection margin), then RX Summ--Surgical Margins must not be coded 0 (No residual tumor)

**Administrative Notes**

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D

- Logic corrected, pass for RX Summ--Surg Prim Site = empty changed to pass for Circumferential Resection Margin (CRM) = empty or XX.8

**Circumferential Resection Margin (CRM), Date DX (NAACCR)**

Agency: NAACCR

Last changed: 12/17/2018 00:25:02

Edit Tag N2693

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE

**Circumferential Resection Margin (CRM), Schema ID, Required (MCR/NAACCR)**

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Circumferential Resection Margin (CRM) code or blank:

0.0: Circumferential resection margin (CRM) positive

Margin IS involved with tumor

Described as "less than 0.1 millimeter (mm)"

0.1-99.9: Distance of tumor from margin: 0.1-99.9 millimeters (mm)

(Exact size to nearest tenth of millimeter)

XX.0: 100 mm or greater

XX.1: Margins clear, distance from tumor not stated

Circumferential or radial resection margin negative, NOS

No residual tumor identified on specimen

XX.2: Margins cannot be assessed

XX.3: Described as "at least" 1mm

XX.4: Described as "at least" 2mm

XX.5: Described as "at least" 3mm

XX.6: Described as "greater than" 3mm

XX.7: No resection of primary site

Surgical procedure did not remove enough tissue to measure the circumferential or radial resection margin

(Examples include: polypectomy only, endoscopic mucosal resection (EMR), excisional biopsy only, transanal disk excision)

XX.8: Not applicable: Information not collected for this case

XX.9: Not documented in medical record

Circumferential Resection Margin (CRM) not assessed or unknown if

assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, Circumferential Resection Margin (CRM), Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

## Circumferential Resection Margin (CRM), Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/13/2019 18:55:51

Edit Tag MA2989

**Class of Case (COC)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Circumferential Resection Margin (CRM) is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00200: Colon and Rectum

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Class of Case (COC)**

Agency: COC

Last changed: 04/08/2009

Edit Tag N0043

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This field must contain a valid value for Class of Case (00, 10-14, 20-22, 30-38, 40-43, 49, or 99).

**Class, Date Diag, Date Last Cont, Vit Stat (COC)*****Administrative Notes***

Modifications:

NACR110C

09/06

The description for this edit was updated.

NAACCR v12

04/09

- Class of Case was expanded from 1-digit to more explicit 2-digit codes.

**Class, Date Diag, Date Last Cont, Vit Stat (COC)**

Agency: COC

Last changed: 05/23/2010

*Edit Tag* N0353***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if either Date of Diagnosis or Date of Last Contact is empty.

If the case was diagnosed at autopsy or from a death certificate only (Class of Case coded 38 or 49), then Vital Status must be dead(code 0). If the case is autopsy only, then Date of Diagnosis and Date of Last Contact must be the same date. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

Modifications

NAACCR v12.0:

- Autopsy Only Case is now identified by Class of Case 38 instead of code 5; DCO is identified by Class of Case 49 instead of code 8.

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

- Logic deleted that requires the Date of Last Contact to equal the Date of Diagnosis for DCO case.

**CoC Accredited Flag (NPCR)**

Agency: NPCR

Last changed: 05/07/2019 21:08:43

*Edit Tag* N2810***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE

**CoC Accredited Flag, Class of Case (NPCR)**

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

**Description**

Must be a valid CoC Accredited Flag:

0: Abstract prepared at facility WITHOUT CoC accreditation of its cancer program  
 1: ANALYTIC abstract prepared at facility WITH CoC accreditation of its cancer program (includes Class of Case codes 10-22)  
 2: NON-ANALYTIC abstract prepared at facility WITH CoC accreditation of its cancer program (includes Class of Case codes 30-43 and 99, plus code 00 which CoC considers analytic but does not require to be staged)  
 blank: Not applicable; DCO

**Administrative Notes**

New edit - NAACCR v18 metafile

Modifications

NAACCR v18D

- Description modified, 20-43 in number 2 changed to 30-43

**CoC Accredited Flag, Class of Case (NPCR)**

Agency: NPCR

Last changed: 05/07/2019 21:08:10

Edit Tag N2985

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

- This edit is skipped for any of the following conditions:
  - Diagnosis date before 2018, blank (unknown), or invalid.
  - CoC Accredited Flag is blank (not collected) or 0 (abstract prepared at facility without CoC Accreditation).
  - Class of Case is blank (not recorded), or 49 (death certificate only).
- The edit verifies that CoC Accredited Flag is coded 1 (indicating analytic case) for Class of Case 10-14, 20-22.
- The edit verifies that CoC Accredited Flag is coded 2 (indicating non-analytic case) for Class of Case 30-38, 40-43, 99, plus 00 (which CoC considers analytic but does not require to be staged)

**CoC Accredited Flag, Date DX, Type Report Source (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**Modifications**

NAACCR v18C

- Logic corrected to work as described

NAACCR v18D

- Description modified, wording in number 3 changed to emphasize that class of case 00 is included in code 2 because not required to be staged

**CoC Accredited Flag, Date DX, Type Report Source (NAACCR)**

Agency: NAACCR

Last changed: 07/20/2019 19:11:11

Edit Tag N2811

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

1. This edit is skipped for Date of diagnosis before 2018, blank (unknown), or invalid.
2. This data item must not be blank for 2018+ date of diagnosis if Type of Reporting Source not = 7.
3. CoC Accredited Flag must be blank for DCO cases, Type of Reporting Source = 7.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Modifications**

NAACCR v18C

- Description, edit logic updated to require CoC Accredited Flag for 2019+ diagnoses if Type of Reporting Source not = 7.

NAACCR v18D

**Coding System for EOD (SEER EODSYST)**

- Description updated to edit starting with 2018 diagnosis date. (Logic not updated in v18C). Error message updated correspondingly.

**Coding System for EOD (SEER EODSYST)**

Agency: SEER

Last changed: 12/12/2003

*Edit Tag* N0121***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid Coding System for EOD code (0...4) or blank.

**Creatinine Pretreatment Lab Value, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 07/14/2018 11:31:32

*Edit Tag* N2651***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses

2. Must be a valid Creatinine Pretreatment Lab Value code or blank:

0.0: 0.0 milligram/deciliter (mg/dl)  
       0.0 micromole/liter (umol/L)  
 0.1-99.9: 0.1-99.9 milligram/deciliter (mg/dl)  
           0.1-99.9 micromole/liter (umol/L)  
           (Exact value to nearest tenth of mg/dl or umol/L)  
 XX.1: 100 mg/dl or greater  
       100 umol/L or greater  
 XX.7: Test ordered, results not in chart  
 XX.8: Not applicable: Information not collected for this case  
 XX.9: Not documented in medical record  
       Creatinine Pretreatment Lab Value not assessed or unknown if assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, Creatinine Pretreatment Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Creatinine Pretreatment Lab Value, Schema ID, Required, CoC Flag (MCR/SEER)*****Administrative Notes***

New edit - NAACCR v18 metafile

**Creatinine Pretreatment Lab Value, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/13/2019 18:07:41

*Edit Tag* MA3912***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Creatinine Pretreatment Lab Value is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Creatinine Pretreatment Lab Value is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00220: Liver

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.



**Creatinine Pretreatment Unit of Measure, Date DX (NAACCR)****Creatinine Pretreatment Unit of Measure, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag N2721****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid Creatinine Pretreatment Unit of Measure code or blank:

1: Milligrams/deciliter (mg/dl)  
2: Micromoles/liter (umol/l)  
7: Test ordered, results not in chart  
8: Not applicable: Information not collected for this case  
9: Not documented in medical record  
Creatinine Pretreatment Unit of Measure not assessed or unknown if  
assessed

Another edit, Creatinine Pretreatment Unit of Measure, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Creatinine Pretreatment Unit of Measure, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/13/2019 18:02:41

*Edit Tag MA4933****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
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**CS Eval Items, Class of Case (CS)**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. CoC Accredited Flag not = 1

Creatinine Pretreatment Unit of Measure is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Creatinine Pretreatment Unit of Measure is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00220: Liver

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**CS Eval Items, Class of Case (CS)**

Agency: CS

Last changed: 05/26/2018 14:50:09

Edit Tag N0907

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit is skipped if any of the following conditions is true:

1. Class of Case is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

**CS Eval Items, Vital Status (CS)**

3. CS schema is invalid
4. Year of diagnosis is > 2017, blank (unknown), or invalid

If CS Tumor Size/Ext Eval, CS Lymph Nodes Eval, or CS Mets Eval = 8 (evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy)), then Class of Case must = 38 (diagnosed at autopsy).

***Administrative Notes*****Modifications:**

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v12.0

- Edit modified to use Class of Case code 38 instead 5 when checking for autopsy only cases.
- Edit modified to get schema name from function call to CS dll.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Description, logic updated to skip if diagnosis year > 2017, blank, or invalid

**CS Eval Items, Vital Status (CS)**

Agency: CS

Last changed: 05/26/2018 14:54:04

Edit Tag N0906

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if any of the following conditions is true:

1. Vital Status is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid
4. Year of diagnosis is > 2017, blank (unknown), or invalid

Vital Status must = 0 (dead) for the following conditions:

**CS Ext, Histol ICDO3, Breast Schema (CS)**

1. For all schemas: if CS Tumor Size/Ext Eval, CS Lymph Nodes Eval, or CS Mets Eval = 8 (evidence from autopsy only (tumor was unsuspected or undiagnosed prior to autopsy))
2. For cases using the Prostate schema  
     If CS Tumor Size/Ext Eval = 3 [No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy)]  
     For all other schemas:  
         If CS Tumor Size/Ext Eval = 2 [No surgical resection done, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy)]

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF194

**Modifications:**

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.
- Logic was added to verify that if prostate schema is used and CS Tumor Size/Ext Eval = 3 OR, for all other schemas, if CS Tumor Size/Ext Eval = 2, then Vital Status must = 0 or 4.

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Description, logic modified to only include code 0 for vital status of dead (4 removed)
- Added skip for diagnosis year > 2017, blank, or invalid

**CS Ext, Histol ICDO3, Breast Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N0944

## CS Ext, Histol ICDO3, Breast Schema (CS)

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

If Histology ICD-O-3 is coded as inflammatory carcinoma (8530),  
CS Extension must be coded as 710, 715, 725, 730, or 750.

Notes:

CS Extension 710 =

OBSOLETE DATA RETAINED V0200

Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving not more than 50% of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration.

Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving not more than one-third (33%) of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration

CS Extension 715 =

Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving not more than one-third (33%) of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration

CS Extension 720 =

OBSOLETE - Should have been converted prior to implementing CSv2.

Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., of not more than 50% of the breast, WITH or WITHOUT dermal lymphatic infiltration.

Inflammatory carcinoma, NOS.

See code 710.

CS Extension 725 =

Diagnosis of inflammatory carcinoma WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving one-third (33%) or more but less than half (50%) of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration.

CS Extension 730 =

Diagnosis of inflammatory carcinoma

WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., involving more than 50% of the skin of the breast, WITH or WITHOUT dermal lymphatic infiltration.

**CS Ext, LN, Mets at DX, SSF 1, Retinoblastoma (CS)**

CS Extension 750 =

Diagnosis of inflammatory carcinoma

WITH a clinical description of inflammation, erythema, edema, peau d'orange, etc., but percent of involvement not stated, WITH or WITHOUT dermal lymphatic infiltration. If percentage is known, code to 715, 725, or 730.

Diagnosis of inflammatory carcinoma WITHOUT a clinical description of inflammation, erythema, edema, peau d'orange, etc., WITH or WITHOUT dermal lymphatic infiltration.

Inflammatory carcinoma, NOS

***Administrative Notes***

New edit - added to NAACCR v11.3 metafile.

In the SEER\*Edits software, the title of this edit is: IF197

Modifications:

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.
- Edit was modified to check CS Extension codes (per CSv2) of 710, 715, 725, 730, 750 for inflammatory carcinoma instead of CSv1.04 codes of 71, 72, and 73.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Ext, LN, Mets at DX, SSF 1, Retinoblastoma (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1433

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if any of the following conditions is true:

1. CS Extension, CS Lymph Nodes, CS Mets at DX, or CS Site-Specific Factor 1 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema = Retinoblastoma:

**CS Ext, LN, Mets at DX, SSF 3, Prostate (CS)**

1. If CS Extension = 950 (no evidence of primary tumor), then at least one of the following fields must show that tumor is present; that is, at least one of the following must be true:

CS Site-Specific Factor 1 must = 300-810, or 999

CS Lymph Nodes must = 100-800

CS Mets at DX must = 10-80

2. If CS Site-Specific Factor 1 = 950 (no evidence of primary tumor), then at least one of the following fields must show that tumor is present; that is, at least one of the following must be true:

CS Extension must = 110-800

CS Lymph Nodes must = 100-800

CS Mets at DX must = 10-80

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF349

**Modifications**

NAACCR v13A

Added SEER IF number (IF349)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Ext, LN, Mets at DX, SSF 3, Prostate (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1432

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if any of the following conditions is true:

1. CS Extension, CS Lymph Nodes, CS Mets at DX, or CS Site-Specific Factor 3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema = Prostate:

**CS Extension (CS)**

1. If CS Extension = 950 (no evidence of primary tumor), then at least one of the following fields must show that tumor is present; that is, at least one of the following must be true:

CS Site-Specific Factor 3 must = 000, 200-750, 990

CS Lymph Nodes must = 100-800

CS Mets at DX must = 11-60

2. If CS Site-Specific Factor 3 = 950 (no evidence of primary tumor), then at least one of the following fields must show that tumor is present; that is, at least one of the following must be true:

CS Extension must = 000-750

CS Lymph Nodes must = 100-800

CS Mets at DX must = 11-60

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF350

Modifications

NAACCR v13A

Added SEER IF number (IF350)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Extension (CS)**

Agency: CS

Last changed: 03/10/2010

*Edit Tag* N0656

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

***Administrative Notes***

Modifications:

NAACCR v12.0

The size of CS Extension was changed from 2 to 3 characters. Allowable codes changed from "00-99" to "000-999".

**CS Extension, Brain Schema (CS)**

Agency: CS

Last changed: 11/19/2017 11:30:30

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10/17/2019 02:45 PM



**CS Extension, CS Lymph Nodes, CS Mets at DX (CS)***Edit Tag N1024****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify the following:

- 1.CS Extension codes indicating infratentorial tumors are not coded to supratentorial sites of the brain
- 2.CS Extension codes indicating supratentorial tumors are not coded to infratentorial site of the brain
3. CS schema is invalid

This edit is skipped if CS Extension is empty.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Brain:

1. If Primary Site = C711-C715 (supratentorial), then CS Extension must not = 110, 120, 200, or 510 (infratentorial tumors).
2. If Primary Site = C716-C717 (infratentorial), then CS Extension must not = 100 or 500 (supratentorial tumors).

***Administrative Notes***

New edit - added to NAACCR v11.3A metafile.

In the SEER\*Edits software, the title of this edit is: IF212

**Modifications**

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Extra space removed from edit name

**CS Extension, CS Lymph Nodes, CS Mets at DX (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N0683*

**CS Extension, CS Lymph Nodes, CS Mets at DX (CS)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if any of the following conditions is true:

1. CS Extension, CS Lymph Nodes, or CS Mets at DX is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

```
For all except Prostate and Retinoblastoma,
  if CS Extension = 950 (no evidence of primary tumor):
    then CS Lymph Nodes and CS Mets at DX cannot both specify none (000 and 00).
```

If CS schema is Breast:

```
If CS Extension = 000 (in situ), then CS Lymph Nodes must = 000 (none;
no regional lymph node involvement, or ITCs detected by immunohistochemistry
or molecular methods ONLY) or 050 (none; no regional lymph nodes but with
(ITCs) detected on routine H and E stains) and CS Mets at DX must = 00 (none).
```

If CS schema is IntracranialGland:

```
If CS Extension = 000 (in situ), then CS Lymph Nodes must = 000 (obsolete data
retained v0200: none) or 988 (not applicable for this schema) and CS Mets at DX
must = 00 (none).
```

For the following schemas and in situ CS Extension codes, CS Lymph Nodes must = 000 (no lymph node involvement) and CS Mets at DX must = 00 (none):

Schema	CS Extension
Bladder	010, 030, 060
KidneyRenalPelvis	050, 060
Urethra	050, 060, 070, 080
UrinaryOther	050, 060

If schema is not Breast, Bladder, KidneyRenalPelvis, Urethra or UrinaryOther:

```
If CS Extension = 000, then both CS Lymph Nodes must = 000 (none) and CS Mets at
DX must = 00 (none).
```

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF121

Modifications:

NACR111

11/02/06

Added logic: If CS Extension = 00 (in situ), then both CS Lymph Nodes and CS Mets at DX must = 00 (none).

NAACCR v11.1A

EditWriter 5

**CS Extension, CS Tumor Size, Breast Schema (CS)**

4/2007

The edit was modified:

1. It will be skipped if CS Extension, CS Lymph Nodes, or CS Mets at DX is blank.
2. It will be skipped if histology is Kaposi Sarcoma, Lymphoma, or Hematopoietic.
3. An exception was added for breast schema: If CS Extension = 00, then CS Lymph Nodes must = 00 or 05 and CS Mets at DX must = 00.

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

This edit was also modified: If Primary Site = C670-C679 (Bladder):

If CS Extension = 01, 03, or 06 (in situ), then CS Lymph Nodes must = 00 (no lymph node involvement) and CS Mets at DX must = 00 (none).

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

- An exception was added for the Placenta schema:

If CS Extension = 00 (in situ), then CS Mets at DX must = 00 (none).

(The edit no longer requires CS Lymph Nodes of 00 for CS Extension of 00... since the CS Lymph Nodes code is always 88 for the Placenta schema.)

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.

- Edit was modified to check 3-digit CS Extension and CS Lymph Nodes codes (per CSv2) instead of 2-digit CSv1 codes.

NAACCR v12.1

- Additional schemas added to the edit: KidneyRenalPelvis, Urethra, and UrinaryOther.

- Statement on Placenta removed.

NAACCR v13

- Updated last paragraph of description: changed "For all other sites" to "If schema is not Breast, Bladder, KidneyRenalPelvis, Urethra or UrinaryOther".

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Default error message added

- Modified edit to allow, for IntracranialGland schema, CS Lymph Nodes of 988 (not applicable for this schema) when CS Extension = 000 (in situ)

**CS Extension, CS Tumor Size, Breast Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

**CS Extension, CS Tumor Size, Breast Schema (CS)****Edit Tag N1173****Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit verifies that CS Extension and CS Tumor Size are coded consistently for the Breast schema.

This edit is skipped if any of the following conditions is true:

1. CS Extension or CS Tumor Size is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

If CS Tumor Size = 997 (Paget disease of nipple without demonstrable tumor), CS Extension must = 050 (Paget without tumor) or 070 (Paget without tumor pathologically).

If CS Tumor size = 996 (Mammographic/xerographic diagnosis only, no size given; clinically not palpable), CS Extension must not equal 400 or higher (T4 tumors), except for code 999 (unknown extension).

If CS Extension = 170 (T1 with no other information on size or extension), CS Tumor Size must = 990, 991, or 992 (Stated as T1mic, T1b, T1NOS/T1c with no other information on size).

If CS Extension = 180 (T2 with no other information on size or extension), CS Tumor Size must = 995 (Stated as T2 with no other information on size).

**Administrative Notes**

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF258

**Modifications****NAACCR v12C**

- Added closing brace "}" to edit logic. (The missing closing brace could make the logical output unpredictable.)

**NAACCR v12.1**

- Changed logic due to converted codes.

From:

**CS Extension, CS Tumor Size, MycosisFungoides (CS)**

If CS Tumor size = 996 (Mammographic/xerographic diagnosis only, no size given; clinically not palpable), CS Extension must not =

380, 390, or any code greater than 500 (T4 tumors), except for code 999 (unknown extension).

To:

If CS Tumor size = 996 (Mammographic/xerographic diagnosis only, no size given; clinically not palpable), CS Extension must not

equal 400 or higher (T4 tumors),except for code 999 (unknown extension).

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Extra space removed from edit name

**CS Extension, CS Tumor Size, MycosisFungoides (CS)**

Agency: CS

Last changed: 11/17/2013

*Edit Tag N1867*

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Extension and CS Tumor Size are coded consistently for MycosisFungoides cases that are originally coded using CSv02.05 or higher.

CSv02.05 contains the following Note for MycosisFungoides Tumor Size:

Record the size of the largest tumor only. For Mycosis Fungoides, a tumor is described as a solid or nodular lesion at least 1 cm in diameter with evidence of depth and/or vertical growth. Do not record the size of individual patches, papules, or plaques. Use code 999 if it is unknown if tumors are present, or if the size of the largest tumor is unknown.

This edit is skipped under the following conditions:

1. CS Version Input Original is less than 020500
2. CS schema is not MycosisFungoides
3. CS Extension is empty
4. CS Tumor Size is empty.
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is MycosisFungoides:

If CS Extension = 110, 120, 130, 150, 210, 220, 230, 300 (codes not indicating tumor)

then

CS Tumor Size must = 000 (no tumors present) or 999 (unknown)

If CS Extension = 600 (one or more tumors equal to 1 cm or greater

**CS Extension, CS Tumor Size, Site, Hist ICDO3 (CS)**

or cutaneous tumor, size not stated)

then

CS Tumor Size must not = 990 (microscopic focus or foci only  
and no size of focus given) or 991 (described as "less than 1  
centimeter")

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER\*Edits software, the title of this edit is: IF463

**CS Extension, CS Tumor Size, Site, Hist ICDO3 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N0698

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if any of the following conditions is true:

1. CS Extension or CS Tumor Size is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is not KaposiSarcoma, MelanomaSkin, Conjunctiva, MelanomaConjunctiva, MelanomaChoroid, MelanomaIris, MelanomaCiliaryBody, LymphomaOcularAdnexa, or Prostate:

If CS Extension = 950 (no evidence of primary tumor), then CS Tumor Size must = 000 (no mass/tumor found).

If CS schema is Prostate:

If CS Extension = 950 and CS Site-Specific Factor 3 (pathologic extension) = 950, then CS Tumor Size must = 000.

If CS schema is not IllDefinedOther, one of the Mucosal Melanoma of Head and Neck schemas, or MycosisFungoides:

If CS Tumor Size = 000, then CS Extension must = 950.

The following schemas contain some CS Extension codes that are "stated as" values. These particular "stated as" codes reflect T values that match tumor size codes in

**CS Extension, CS Tumor Size, Site, Hist ICDO3 (CS)**

the CS Tumor Size table. If the CS Extension is coded to one of the "stated as" values below, the CS Tumor Size must not be coded 999 (unknown; size not stated).

Schema	Extension "stated as" codes
AdrenalGland	200, 250
Anus	310, 320, 330
Bone	310, 350
Breast	110, 130, 140, 170, 180
BuccalMucosa	405, 410, 415
CarcinoidAppendix	320, 330, 335
FloorMouth	405, 410, 415
GISTAppendix	170, 210, 250, 270
GISTColon	170, 210, 250, 270
GISTEsophagus	170, 210, 250, 270
GISTPeritoneum	350, 360, 370, 380
GISTRectum	170, 210, 250, 270
GISTSmallIntestine	170, 210, 250, 270
GISTStomach	340, 390, 395, 398
GumLower	405, 410, 415
GumOther	405, 410, 415
GumUpper	405, 410, 415
HeartMediastinum	350, 375
Hypopharynx	305
KidneyParenchyma	310, 320, 330, 340, 350, 360
LacrimalGland	610, 620, 630
LipLower	405, 410, 415
LipOther	405, 410, 415
LipUpper	405, 410, 415
Lung	115, 120, 125
MerkelCellPenis	330, 560, 570
MerkelCellScrotum	310, 320, 330
MerkelCellSkin	600, 610, 620
MerkelCellVulva	450, 460, 470
MouthOther	405, 410, 415
NETAmpulla	310, 430
NETColon	170, 180, 190
NETRectum	170, 180, 190
NETSmallIntestine	170
NETStomach	170
Orbit	200, 300
Oropharynx	305, 310
PalateHard	405, 410, 415
PalateSoft	405, 410
PancreasBodyTail	150, 200
PancreasHead	150, 200
PancreasOther	150, 200

**CS Extension, Hematopoietic (CS)**

ParotidGland	305, 310
Peritoneum	350, 375
PharyngealTonsil	330, 350
Retroperitoneum	350, 375
SalivaryGlandOther	305, 310
Scrotum	310
Skin	510
SoftTissue	302, 312, 322
SubmandibularGland	305, 310
Thyroid	405, 410, 415, 420
TongueAnterior	405, 410, 415
TongueBase	405, 410

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF122

**Modifications:****NAACCR v11.2**

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

**NAACCR v11.3**

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

**NAACCR v12.0**

- Added logic that checks schemas with CS Extension codes indicating "stated as" values and verifies that CS Tumor Size is not coded to 999.
- Edit modified to get schema name from function call to CS dll

**NAACCR v12.1**

- Revised to match CSv02.03 schemas

**NAACCR v12.2C**

- Edit modified to check CS SSF 3 (as well as CS Extension) for Prostate schema: if CS Extension = 950 and CS Site-Specific Factor 3 = 950, then CS Tumor Size must = 000.

**NAACCR v14**

- Edit modified to exclude MycosisFungoides schema when requiring CS Extension of 950 for CS Tumor Size of 000.
- Code 120 removed from list of Breast schema CS Extension "stated as" codes that require CS Tumor Size not be coded as 999.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Extension, Hematopoietic (CS)**

Agency: CS

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Last changed: 02/07/2018 22:11:11

10/17/2019 02:45 PM



**CS Extension, Hematopoietic (CS)****Edit Tag N0760****Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty
2. Case is death certificate only (Type of Reporting Source = 7).
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is HemeRetic:

The CS Extension values of 100 (localized disease) and 999 (unknown) are allowed only for Histologic Type ICD-O-3 codes 9740, 9750, 9751, 9755-9758, and 9930 in the HemeRetic schema. This is because these particular histologies may be coded to either 100 (localized) or 800 (systemic) and it is possible that it might be unknown (999) whether the disease is localized or systemic. (Except for death certificate only cases, all other hematopoietic histologies must be coded to 800. This is edited by the CS algorithm program.)

**Administrative Notes**

In the SEER\*Edits software, the title of this edit is: IF143

**MODIFICATIONS:**

NAACCR v11.1A

2/2007

The edit was modified:

1. It will be skipped if case is death certificate only (Type of Reporting Source = 7).
2. CS Extension of 99 (unknown) is allowed only for histologies in the hematopoietic schema that allow CS Extension of 10 (localized disease): 9731, 9734, 9740, 9750, 9755-9758, and 9930. This is because these particular histologies may be coded to either 10 (localized) or 80 (systemic) and it is possible that it might be unknown (99) whether the disease is localized or systemic. Other than death certificate only cases, all other histologies in the hematopoietic schema should be coded as 80.

NAACCR v11.2

Added code to skip if:

- Histologic Type ICD-O-3 = 9823 or 9827 and Primary Site is not C420, C421, or C424. (As of CS release 01.04, 9823 and 9827 are coded using the Lymphoma schema unless the Primary Site is C420, C42, or C424.)

NAACCR v11.3

6/2008

**CS Extension, KidneyRenalPelvis Schema (CS)**

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

**NAACCR v12.0:**

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.
- Added code 9751 to list of histology codes that allow CS Extension codes of 100 and 999.

**NAACCR v12.1**

- 9731 and 9734 removed from list of histologies that can be coded to 100. (9731 and 9734 have been moved to the MyelomaPlasmaCellDisorder schema.)

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

## CS Extension, KidneyRenalPelvis Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N0710

### *Edit Sets*

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

### *Description*

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is KidneyRenalPelvis:

Renal Pelvis (C659) and Ureter (C669) belong to the same schema, but Renal Pelvis can have CS Extension of 600, 665, and 670, while Ureter cannot. Ureter can have CS Extension code 685, 690, and 695, while RenalPelvis cannot. All other CS Extension values are the same for both sites and edited by the CS algorithm program.

### *Administrative Notes*

In the SEER\*Edits software, the title of this edit is: IF124

Modifications:

**NAACCR v11.2**

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

**CS Extension, Lymphoma Schema (CS)**

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.
- Updated to skip the following histologies: 9140, 9590-9699, 9702-9729, 9731-9989.

NAACCR v12.0:

- Changed edit name from "CS Extension, Renal Pelvis/Ureter Schema (CS)" to "CS Extension, KidneyRenalPelvis Schema (CS)".
- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v12.1

- CS Extension code 665 and 670 added as code allowed for renal pelvis only; 685, 690, and 695 codes added for ureter only.

NAACCR v12.2

- Fixed typos in Administrative Notes

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**CS Extension, Lymphoma Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N0923***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Extension is coded properly for lymphomas.

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty
2. Case is death certificate only (Type of Reporting Source = 7).
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Lymphoma:

**CS Extension, Morphology, Bladder ICDO3 (CS)**

If CS Extension = 100 (Involvement of a single lymph node region, Stage I), then Primary Site must be one of the following:

C770-C775, C779 (single lymph node region), C024 (lingual tonsil), C090-C099 (tonsil), C111 (pharyngeal tonsil), C142 (Waldeyer's ring), C172 (ileum), C181 (appendix) or C379 (thymus)

If CS Extension = 110 (Localized involvement of a single extralymphatic organ/ site in the absence of any lymph node involvement, multifocal involvement of one extralymphatic organ/site, Stage IE), then Primary Site must NOT be one of the following:

C770-C775, C779, C379 or C422

If CS Extension = 120 (Involvement of spleen only, Stage IS), then Primary Site must be C422 (Spleen) .

Additionally,

If Primary Site = C778 (Multiple LNs), then CS Extension must be > or = 200.

If Primary Site = C422 (Spleen), then CS Extension must be 120, 220, 230, 320, 330, 800, or 999.

***Administrative Notes***

New edit - added to NAACCR v11.2 metafile.

In the SEER\*Edits software, the title of this edit is: IF195

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.
- Added C024 to list of primary sites allowed for CS Extension 10.

NAACCR v11.3A

9/2008

- Removed C024 (lingual tonsil), C090-C099 (tonsil), C111 (pharyngeal tonsil), C142 (Waldeyer's ring), C172 (ileum), and C181 (appendix) from list of primary sites NOT allowed for CS Extension 11.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Extension, Morphology, Bladder ICDO3 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N0955*

**CS Extension, Mycosis Fungoides Schema (CS)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that for cases coded using the CS Bladder schema, if the histology/behavior is 8130/2 (papillary transitional cell carcinoma, non-invasive), then CS Extension must not be coded to 100 (confined to mucosa, NOS).

Note: This edit is based on Note 3 of the CS Extension for Bladder schema: If a tumor is described as confined to mucosa AND as papillary, use extension code 010 or 030. Use code 100 (confined to mucosa) only if the tumor is described as confined to mucosa but is not described as papillary

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty
2. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Bladder:

- If Morph--Type&Behav ICD-O-3 = 81302 (Papillary transitional cell carcinoma, non-invasive), then CS Extension must not = 100 (confined to mucosa, NOS).
- If CS Extension = 100, then Morph--Type&Behav ICD-O-3 must not = 81302.

***Administrative Notes***

New edit - added to NAACCR v11.3 metafile.

In the SEER\*Edits software, the title of this edit is: IF210

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v12.1

- Reference to "Note 8" changed to "Note 3".

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Extension, Mycosis Fungoides Schema (CS)**

Agency: CS

Last changed: 11/05/2014

*Edit Tag* N0963

**CS Extension, MyelomaPlasmaCellDisorder (CS)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Extension is coded properly for the Mycosis Fungoides and Sezary Disease schema per Note 4 for CS Extension: Use code 150 when skin involvement is present but only a general location/site is mentioned (i.e., face, legs, torso, arms). Use code 300 when there is skin involvement but there is no mention of location/site.

This edit is skipped if:

1. CS Extension is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MycosisFungoides:

If Primary Site = C440-C448 (specified skin sites), then CS Extension must not = 300 (Skin involvement, NOS).

***Administrative Notes***

New edit - added to NAACCR v11.3A metafile.

In the SEER\*Edits software, the title of this edit is: IF215

**Modifications**

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v15

- Description updated: "per Note 5 for CS Extension: Use code 250 when skin involvement is..." changed to "per Note 4 for CS Extension: Use code 150 when skin involvement is..."

**CS Extension, MyelomaPlasmaCellDisorder (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1377

**CS Extension, Primary Site, Behavior ICDO3 (CS)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Extension is coded properly for the MyelomaPlasmaCellDisorder schema. The schema includes histologies 9731, 9732, and 9734, but some of the extension values apply only to a subset of the three histologies.

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty
2. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MyelomaPlasmaCellDisorder:

1. The CS Extension values of 100 (localized disease) and 400 (Multiple osseous or multiple extraosseous plasmacytoma lesion) are allowed only for Histologic Type ICD-O-3 codes 9731 (Plasmacytoma, NOS) and 9734 (Plasmacytoma, extramedullary).
2. The CS Extension values of 110 (Single plasmacytoma lesion WITHOUT soft tissue extension or unknown if soft tissue extension), 200 (Single plasmacytoma lesion WITH soft tissue extension), and 500 (Plasmacytoma, NOS) are allowed only for Histologic Type ICD-O-3 code 9731 (Plasmacytoma, NOS).
3. The CS Extension value of 300 (Single plasmacytoma lesion occurring in tissue other than bone) is allowed only for Histologic Type ICD-O-3 code 9734 (Plasmacytoma, extramedullary).
4. The CS Extension value of 810 (Plasma cell myeloma/multiple myeloma/myelomatosis) and 820 (Myeloma, NOS) are allowed only for Histologic Type ICD-O-3 code 9732 (Multiple myeloma).

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF342

**Modifications**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Extension, Primary Site, Behavior ICDO3 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

**Edit Tag** N0685

**CS Extension, Primary Site, Behavior ICDO3 (CS)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that the values coded in Behavior Code ICD-O-3 and CS Extension are consistent.

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty.
2. Case is death certificate only (Type of Reporting Source = 7)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all CS schemas except Prostate:

If CS Extension = 000, then Behavior Code ICD-O-3 must = 2 (in situ).

If schema is Stomach, SmallIntestine, GISTStomach, GISTSmallIntestine, NETStomach, NETSmallIntestine, or EsophagusGEJunction:

If CS Extension = 050, then Behavior Code ICD-O-3 must = 2.

If schema is Colon, Rectum, GISTColon, GISTRectum, NETColon, or NETRectum:

If CS Extension = 050, then Behavior Code ICD-O-3 must = 2.

If Histologic Type ICD-O-3 = 8210, 8261, or 8263 ('carcinoma in a polyp' codes), then if Behavior Code ICD-O-3 = 2, CS Extension must = 050.

If schema is Breast:

If Behavior Code ICD-O-3 = 2, then CS Extension must = 000, 050, or 070.

If schema is Cervix:

If CS Extension = 010, then Behavior Code ICD-O-3 must = 2.

If schema is Penis:

If CS Extension = 050, then Behavior Code ICD-O-3 must = 2.

If schema is Brain schema, CNSOther, or IntracranialGland:

If CS Extension = 050, then Behavior Code ICD-O-3 must = 0 (benign) or 1 (borderline).

If Behavior Code ICD-O-3 = 0 or 1, then CS Extension must = 050.

If schema = EndocrineOther

If Primary Site = C754 (carotid body), or C755 (aortic body and other paraganglia):

CS Extension must not = 000.

If schema = KidneyRenalPelvis or UrinaryOther:



**CS Extension, Primary Site, Behavior ICD-O3 (CS)**

If Behavior Code ICD-O-3 = 2, then CS Extension must = 050 or 060.  
 If CS Extension = 050 or 060, then Behavior Code ICD-O-3 must = 2.

If schema = Urethra:

If Behavior Code ICD-O-3 = 2, then CS Extension must = 050, 060, 070, or 080.  
 If CS Extension = 050, 060, 070, or 080, then Behavior Code ICD-O-3 must = 2.

If schema = Bladder:

If Behavior Code ICD-O-3 = 2, then CS Extension must = 010, 030, 060, or 100.  
 If CS Extension = 010, 030, or 060, then Behavior Code ICD-O-3 must = 2.

If schema = MelanomaConjunctiva:

If CS Extension = 005, then Behavior Code ICD-O-3 must = 3.  
 If CS Extension = 100 or 120, then Behavior Code ICD-O-3 may = 2 or 3.

If none of the above conditions are true:

If CS Extension is greater than or equal to 100, then Behavior Code ICD-O-3 must = 3 (invasive).

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF123

**MODIFICATIONS:****NACR110B**

Modified to skip DCO cases (Type of Reporting Source = 7).

**NACR110C**

Corrected typo in description.

**NACR111:**

09/25/06

Modified to require that, if after all exceptions have been checked, if CS Extension is greater than or equal to 10, then Behavior Code ICD-O-3 must = 3 (invasive).

**NAACCR v11.1A**

2/07

1. Added code to check if Primary Site = C379, C740-741, C749, C750-C755, and C758-C759 (Thymus, Adrenal (Suprarenal) Gland, and Other Endocrine Glands schema):

A. If CS Extension = 05, then Primary Site must = C751, C752, or C753 and Behavior Code ICD-O-3 must = 0 (benign) or 1 (borderline).

B. If Behavior Code ICD-O-3 = 0 or 1, then CS Extension must = 05.

2. Added code to skip borderline ovarian cases (Primary Site = C569, Histologic Type ICD-O-3 = 8442, 8451, 8462, 8472, or 8473, and Behavior Code ICD-O-3 = 1).

**CS Extension, Primary Site, Behavior ICDO3 (CS)**

3. Added: If Primary Site = C180-C189 (Colon schema) or C199 or C209 (Rectum schema) and Histologic Type ICD-O-3 = 8210, 8261, or 8263 ('carcinoma in a polyp' codes), then if Behavior Code ICD-O-3 = 2, CS Extension must = 05.

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

11/2007

- Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.
- Repeated code deleted from edit logic

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v11.3A

11/2008

Added:

1. If Primary Site = C160-C169 (Stomach schema) or C170-C179 (Small Intestine schema):  
If CS Extension = 05, then Behavior Code ICD-O-3 must = 2.
2. If Primary Site = C530-C539 (Cervix Uteri schema):  
If CS Extension = 01, then Behavior Code ICD-O-3 must = 2.
3. If Primary Site = C600-C609 (Penis schema):  
If CS Extension = 05, then Behavior Code ICD-O-3 must = 2.
4. If Primary Site = C740, C741, C749, C754, or C755, CS Extension must not = 00.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Length of CS Extension changed from 2 to 3 characters.
- Additional schemas added.
- Deleted: if schema = AdrenalGland, CS Extension must not = 000.

NAACCRv12.1

- For the statement "If CS Extension = 000, then Behavior Code ICD-O-3 must = 2 (in situ)", an exception was added for the Prostate schema.
- CS Extension codes which require Behavior ICD-O-3 code of 2 were changed for the following schemas:  
KidneyRenalPelvis or UrinaryOther: changed from 000 and 050 to 050 and 060.  
Urethra: changed from 000, 010, 020, 050 to 050, 060, 070, 080
- Added: If schema = MelanomaConjunctiva and CS Extension = 005, then Behavior Code ICD-O-3 must = 3.
- Added error message 3243

NAACCRv12.2

- Added: If schema = MelanomaConjunctiva and CS Extension = 100 or 120, then Behavior Code ICD-O-3 may = 2 or 3.

**CS Extension, Schema (CS)**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Extension, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1116***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Extension is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Extension, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Extension is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Note: This edit does not check for obsolete codes. Obsolete codes for CS Extension are edited by "Obsolete Codes - CS Extension (SEER IF146)".

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS Extension, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER\*Edits software, the title of this edit is: IF227

***Modifications***

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Extension, SSF 1, Head and Neck Schemas (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1868***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
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**CS Extension, SSF 1, Head and Neck Schemas (CS)**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 1 (size of lymph nodes) are coded consistently for head and neck cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 1 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa  
 EpiglottisAnterior  
 FloorMouth  
 GumLower  
 GumOther  
 GumUpper  
 Hypopharynx  
 LarynxGlottic  
 LarynxOther  
 LarynxSupraglottic  
 LarynxSubglottic  
 LipLower  
 LipOther  
 LipUpper  
 MelanomaLipUpper  
 MelanomaLipLower  
 MelanomaLipOther  
 MelanomaTongueAnterior  
 MelanomaGumUpper  
 MelanomaGumLower  
 MelanomaGumOther  
 MelanomaFloorMouth  
 MelanomaPalateHard  
 MelanomaMouthOther  
 MelanomaBuccalMucosa  
 MelanomaTongueBase  
 MelanomaPalateSoft  
 MelanomaOropharynx  
 MelanomaNasopharynx  
 MelanomaHypopharynx  
 MelanomaPharynxOther  
 MelanomaEpiglottisAnterior  
 MelanomaLarynxGlottic  
 MelanomaLarynxSupraglottic  
 MelanomaLarynxSubglottic  
 MelanomaLarynxOther  
 MelanomaNasalCavity  
 MelanomaSinusMaxillary  
 MelanomaSinusEthmoid  
 MelanomaSinusOther

**CS Extension, SSF 1, Lung Schema (CS)**

MiddleEar  
 MouthOther  
 NasalCavity  
 Nasopharynx  
 Oropharynx  
 PalateHard  
 PalateSoft  
 ParotidGland  
 PharyngealTonsil  
 PharynxOther  
 SalivaryGlandOther  
 SinusEthmoid  
 SinusMaxillary  
 SinusOther  
 SubmandibularGland  
 TongueAnterior  
 TongueBase

If CS Extension = 000 (in situ, intraepithelial, noninvasive)  
 Then

CS Site-Specific Factor 1 (size of lymph nodes) must = 000 (no involved regional nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER\*Edits software, the title of this edit is: IF464

**CS Extension, SSF 1, Lung Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1536

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that for cases coded using the Lung schema, if extension indicates in situ or no evidence of primary, then SSF 1 must not indicate separate tumor nodules in ipsilateral lung.

If schema is Lung:

If CS Extension code = 000, 950, or 980 (in situ or no evidence of primary)

**CS Extension, SSF 11, MerkelCellVulva Schema (CS)**

then CS Site-Specific Factor 1 must not = 010, 020, 030, or 040 which indicate separate tumor nodules in the ipsilateral lung.

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty
2. CS Site-Specific Factor 1 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

In the SEER\*Edits software, the title of this edit is: IF353

**Modifications**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Extension, SSF 11, MerkelCellVulva Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1869

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 11 (regional lymph node - laterality) are coded consistently for MerkelCellVulva non-invasive cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor11 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is MerkelCellVulva:

If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)

Then

CS Site-Specific Factor11 (regional lymph node - laterality)

**CS Extension, SSF 11, Vulva Schema (CS)**

must = 000 (all regional lymph nodes negative), 998 (lymph nodes not assessed) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER\*Edits software, the title of this edit is: IF465

**CS Extension, SSF 11, Vulva Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1870

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 11 (regional lymph node - laterality) are coded consistently for non-invasive Vulva cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor11 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Vulva:

If CS Extension = 000 (In situ, intraepithelial, noninvasive)  
Then

CS Site-Specific Factor11 (regional lymph node - laterality)  
must = 000 (all regional lymph nodes negative), 998 (lymph nodes not assessed), or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER\*Edits software, the title of this edit is: IF466

CS Extension, SSF 16, Scrotum Schema (CS)

**CS Extension, SSF 16, Scrotum Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1872***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 16 (size of lymph nodes) are coded consistently for non-invasive Scrotum cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor16 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Scrotum:

If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)  
Then

CS Site-Specific Factor16 (size of lymph nodes)  
must = 000 (no involved regional lymph nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER\*Edits software, the title of this edit is: IF468

**CS Extension, SSF 16, Skin Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1873***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE



**CS Extension, SSF 17, Penis Schema (CS)****Description**

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 16 (size of lymph nodes) are coded consistently for non-invasive Skin cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor16 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Skin:

If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)  
Then

CS Site-Specific Factor16 (size of lymph nodes)  
must = 000 (no involved regional lymph nodes) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

**Administrative Notes**

New edit - added to NAACCR v14 metafile.

In the SEER\*Edits software, the title of this edit is: IF469

**CS Extension, SSF 17, Penis Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1875

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 17 (extranodal extension of regional lymph nodes) are coded consistently for Penis non-invasive cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor17 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Penis:

If CS Extension = 000 (In situ, intraepidermal, intraepithelial, noninvasive)

**CS Extension, SSF 2, Bladder Schema (CS)**

Then

CS Site-Specific Factor17 (extranodal extension of regional lymph nodes)  
must = 000 (no regional nodes involved) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER\*Edits software, the title of this edit is: IF471

**CS Extension, SSF 2, Bladder Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1877

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 2 (size of metastasis in lymph nodes) are coded consistently for Bladder cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 2 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not Bladder

If schema is Bladder:

If CS Extension = 010, 030, or 060 (codes indicating noninvasive or in situ carcinoma)

Then

CS Site-Specific Factor 2 (size of metastasis in lymph nodes)  
must = 000 (no regional lymph nodes involved) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

**CS Extension, SSF 3, Behavior, Prostate (CS)**

In the SEER\*Edits software, the title of this edit is: IF473

**CS Extension, SSF 3, Behavior, Prostate (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1434

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that the values coded in Behavior Code ICD-O-3 and CS Extension are consistent.

This edit is skipped if any of the following conditions is true:

1. CS Extension is empty.
2. Case is death certificate only (Type of Reporting Source = 7)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is Prostate:

```
[If CS Extension = 000 and CS Site-Specific Factor 3 not = 200-750, or 985
OR
If CS Site-Specific Factor 3 = 000 and CS Extension not = 100-750]
then Behavior Code ICD-O-3 must = 2 (in situ).
```

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF346

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Extension, SSF 3, Breast Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1880

**CS Extension, SSF 5, Testis Schema (CS)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 3 (number of positive ipsilateral level I-II axillary lymph nodes) are coded consistently for Breast cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 3 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Schema is not Breast

If schema is Breast:

If CS Extension = 000 (mapping to in situ for AJCC staging)

Then

CS Site-Specific Factor 3 (number of positive ipsilateral level I-II axillary lymph nodes) must = 000 (all ipsilateral axillary nodes examined negative), 098 (no axillary nodes examined) or 099 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER\*Edits software, the title of this edit is: IF476

**CS Extension, SSF 5, Testis Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1888

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Extension and CS Site-Specific Factor 5 (size of metastasis in lymph nodes) are coded consistently for non-invasive Testis cases that are originally coded using CSv02.05 or higher.

**CS Extension, Surgery, Prostate Schema (CS)**

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Extension is blank
3. Site-Specific Factor 5 is blank or 988
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If schema is Testis:

If CS Extension = 000 (In situ, intraepithelial, noninvasive)

Then

CS Site-Specific Factor 5 (size of metastasis in lymph nodes)  
must = 000 (no lymph node metastasis) or 999 (unknown)

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER\*Edits software, the title of this edit is: IF484

**CS Extension, Surgery, Prostate Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N0946

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that, for cases coded using the CS Prostate schema, if CS Extension indicates a TURP was done, then RX Summ--Surg Prim Site must also indicate a TURP, at least, was done.

This edit is skipped if any of the following conditions is true:

1. Schema is not C619 (prostate)
2. CS Extension is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid
5. Date of Diagnosis is blank
6. RX Summ--Surg Prim Site is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS Extension is coded 130 or 140 (TURP was done), then

**CS Extension, TS/Ext Eval, Prostate Schema (CS)**

RX Summ--Surg Prim Site must not = 00 (none) or 99 (unknown).

If year of Diagnosis is 2010 or higher OR CS Version Input Original is 020100 or higher:

If CS Extension is coded 100 (TURP was done), then

RX Summ--Surg Prim Site must not = 00 (none) or 99 (unknown).

**Notes:**

CS Extension 100 =

Incidental histologic finding on TURP, number of foci or percent involved tissue not specified (clinically inapparent); Stage A, NOS; Stated as cT1, NOS

CS Extension 130 =

Incidental histologic finding on TURP in 5% or less of tissue resected (clinically inapparent); Stated as cT1a based on TURP findings

CS Extension 140 =

Incidental histologic finding on TURP more than 5% of tissue resected (clinically inapparent); Stated as cT1b based on TURP findings

**Administrative Notes**

New edit - added to NAACCR v11.3 metafile.

In the SEER\*Edits software, the title of this edit is: IF199

**Modifications:****NAACCR v12.0:**

- Edit was modified to check 3-digit CS Extension codes (per CSv2) instead of 2-digit CSv1 codes.
- CS Extension code 100 was added as an additional code (along with 130 and 140) that requires at least a TURP be performed.

**NAACCR v12A:**

- Logic changed to include CS Extension code 100 as "TURP performed" only if year of Diagnosis is 2010+ or the case was originally coded using CSv2.

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Extension, TS/Ext Eval, Prostate Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N0950

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**CS Extension, TS/Ext Eval, Prostate Schema (CS)****Description**

This edit verifies that for cases coded using the CS Prostate schema, CS Extension and CS Tumor Size/Ext Eval are consistent.

This edit is skipped if any of the following conditions is true:

1. CS Extension is blank
2. CS Tumor Size/Ext Eval is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Prostate:

1. If CS Extension is coded 130 [Incidental histologic finding in 5% or less of tissue resected (clinically inapparent); Stated as cT1a] or 140 [Incidental histologic finding more than 5% of tissue resected (clinically inapparent); Stated as cT1b]

then:

CS Tumor Size/Ext Eval must NOT = 0 (No prostatectomy done. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used).

2. If CS Tumor Size/Ext Eval = 2 (No prostatectomy done, but positive biopsy of extraprostatic tissue allows assignment to CS Extension Codes 410-700 (see Note 3)

then:

CS Extension must = 410-700.

3. If CS Tumor Size/Ext Eval = 8 (Evidence from autopsy only)

then:

CS Extension must = 999 (Extension unknown).

**Administrative Notes**

New edit - added to NAACCR v11.3 metafile.

In the SEER\*Edits software, the title of this edit is: IF200

NAACCR v11.3A

11/2008

- Deleted:

If CS Extension is coded 15, then CS Tumor Size/Ext Eval must NOT = 0

- Added:

If CS Tumor Size/Ext Eval = 2, CS Extension must = 41-70.

NAACCR v12.0:

EditWriter 5

**CS Items - NPCR Required - Non-SSF (CS)**

- Edit modified to get schema name from function call to CS dll.
- Edit was modified to check 3-digit CS Extension codes (per CSv2) instead of 2-digit CSv1 codes. Miscellaneous wording changed to match CSv2.
- Added: If CS Tumor Size/Ext Eval = 8 (Evidence from autopsy only), CS Extension must = 999 (Extension unknown).

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Items - NPCR Required - Non-SSF (CS)**

Agency: NPCR

Last changed: 08/28/2019 21:39:51

*Edit Tag* N1593***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that all CS data items required by NPCR, other than the site-specific factors, are entered (not blank) per the NPCR requirements. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later. This is checked in another edit: CS Over-ride CS 20, Rpt Srce, CS Fields (NPCR).

Type of Reporting Source

- 3 (laboratory only)
- 4 (physician's office)
- 5 (nursing home)
- 6 (autopsy only)
- 7 (death certificate only)

The site-specific factors are edited schema-specifically in other edits.



**CS Items - NPCR Required - Non-SSF (CS)**

This edit is skipped if:

1. Date of Diagnosis is blank or less than 2004.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland.
3. CS Schema is invalid
4. Type reporting source 6 or 7
5. Date of Diagnosis is greater than 2017

A. If Over-ride CS 20 is blank, indicating all CS items required by NPCR for staging are coded:

1. If year of Date of Diagnosis is 2004-2015, the following CS data items cannot be blank.

If year of diagnosis is 2016 or later, they may be blank (except CS SSF25, checked in other edit).

- CS Extension
- CS Lymph Nodes
- CS Mets at DX
- CS Version Input Original
- CS Version Input Current
- CS Site-Specific Factor25

2. If year of Date of Diagnosis is 2008-2015, the following additional CS data items

cannot be blank. If year of Date of Diagnosis is 2016 or later, they may be blank.

- CS Tumor Size
- CS Tumor Size/Ext Eval

3. If year of Date of Diagnosis is 2012 or later, the following additional CS data items cannot be blank:

- Regional Nodes Examined
- Regional Nodes Positive

Note: For cases diagnosed 2016 or 2017, CS Version Input Current and CS Version Input Original

may be blank, unless a CS Site Specific Factor is required. The edits that check for required

CS Site Specific Factors also check that CS Version Input Current and CS Version Input Original are not blank.

B. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, the following CS data item cannot be blank:

- Regional Nodes Examined
- Regional Nodes Positive
- CS Tumor Size
- CS Version Input Original
- CS Version Input Current
- CS Site-Specific Factor25

C. If Over-ride CS 20 is '1' and Type of Reporting Source = 3-7, all CS input items may be left blank.

**CS Items - NPCR Required - SSF 1 (CS) - 2015*****Administrative Notes***

New edit - added to NAACCR v12.0 metafile; replaces former edit "CS Items, Date of Diagnosis (NPCR)"

Modifications:

NAACCR v12.1

- CS Site-Specific Factor25 was added to the list of fields required for all cases diagnosed 2004 and later.

NAACCR v12.2

- Updated to require Regional Nodes Examined and Regional Nodes Positive for cases diagnosed 2012+.

- Updated to require Lymph-vascular Invasion for Penis and Testis schemas for cases diagnosed 2012+.

- Updated to require only Regional Nodes Examined, Regional Nodes Positive, CS Tumor Size, CS Version Input Original, CS Version

Input Current, and CS Site-Specific Factor25 if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER

Summary

Stage 2000 [759] for staging.

NAACCR v12.2A

- Updated to no longer require Lymph-vascular Invasion.

NAACCR v13

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- CS Extension, CS Lymph Nodes, CS Mets at DX,, CS Site-Specific Factor25, CS Tumor Size, CS Tumor Size/Ext Eval, CS Version Input

Original, and CS Version Input Current may be blank for cases diagnosed 2016 and after. Reflects NPCR reporting requirements for

2016.

NAACCR v18

- Description, logic updated to pass if year of diagnosis greater than 2017

NAACCR v18D

- Description updated, CS Site-Specific Factor 25 added to A.1., data items which must not be blank 2004-2015 if Over-ride CS 20 is

blank. Noted that SSF 25 is an exception to blank allowed for 2016+, checked in other edit.

**CS Items - NPCR Required - SSF 1 (CS) - 2015**

Agency: NPCR

Last changed: 02/07/2018 22:11:11

*Edit Tag* N2063

**CS Items - NPCR Required - SSF 1 (CS) - 2015*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Site-Specific Factor 1 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

Type of Reporting Source

- 3 (laboratory only)
- 4 (physician's office)
- 5 (nursing home)
- 6 (autopsy only)
- 7 (death certificate only)

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank OR invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004 - 2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS SSF 1 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor 1 cannot = 988 or blank for the schemas for which CS Site-Specific Factor 1 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2011 - 2015  
then  
CS Site-Specific Factor 1 must not be 988 (not collected) or blank for any of the schemas for which it is required (see List 1).
2. If year of Diagnosis is 2010  
then  
CS Site-Specific Factor 1 must not be 988 or blank for Pleura, Breast,

**CS Items - NPCR Required - SSF 1 (CS) - 2015**

Lung, and Retinoblastoma schemas.

3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:  
then

CS Site-Specific Factor 1 must not be 988 or blank for Pleura  
or Retinoblastoma.

Note: No need to check if CS Site-Specific Factor 1 is 988 for  
Retinoblastoma schema since 988 is not a valid code for Retinoblastoma.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor 1 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:

- CS Site-Specific Factor 1 must not be 988 or blank for Breast,  
Brain, CNSOther, and IntraCranialGland schemas.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor 1 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor 1 is required by NPCR

-----  
-----

Required for cases diagnosed 2004 or later:

Pleura

Additionally required only for cases diagnosed 2010 or later:

Breast

Lung

Retinoblastoma

Additionally required only for cases diagnosed 2011 or later:

Brain

CNSOther

IntraCranialGland

List 2: Schemas for which CS Site-Specific Factor 1 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

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Breast

Brain

CNSOther

IntraCranialGland

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12C:

**CS Items - NPCR Required - SSF 1 (CS) - 2016+**

- Added Lung to the schemas for which NPCR requires CS Site-Specific Factor 1. Table 'CS\_SSF.dbf' was updated to enforce this requirement.

**Modifications:****NAACCR v12.1**

- Edit updated to correspond to the CSV0203 NPCR requirements.
- Brain, CNSOther, and IntraCranialGland added to list of schema requiring CS Site-Specific Factor 1.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 1 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

**NAACCR v12.2**

- Updated to require SSF 1 for only Breast, Brain, CNSOther, and IntraCranialGland schemas if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSV02.04.

**NAACCR v13**

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

**NAACCR v14**

- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 1 (CS) - 2016+ will check cases diagnosed 2016 or later.
- Name changed from CS Items - NPCR Required - SSF 1 (CS) to CS Items - NPCR Required - SSF 1 (CS) - 2015

**NAACCR v16A**

- Error messages corrected, fields out of order
- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 1 (CS) to CS Items - NPCR Required - SSF 1 (CS) - 2015

**CS Items - NPCR Required - SSF 1 (CS) - 2016+**

Agency: NPCR

Last changed: 02/07/2018 22:11:11

*Edit Tag N2064****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**CS Items - NPCR Required - SSF 10 (CS) - 2015****Description**

The purpose of this edit is to verify that CS Site-Specific Factor 1 is entered for the schemas required by NPCR for diagnosis year 2016 and later.

This edit is skipped if any of the following conditions is true:

1. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
2. CS schema is invalid
3. Date of Diagnosis is blank OR invalid
4. Date of Diagnosis is 2015 or prior
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)
6. Date of Diagnosis is > 2017

If year of Diagnosis is 2016 or 2017, CS Site Specific Factor 1 must not be 988 (not collected)

or blank for Prostate, Placenta, MycosisFungoides, Breast, Brain, CNSOther, and IntraCranialGland

Schemas. If CS Site Specific Factor 1 is required, this edit checks that CS Version Input Current

and CS Version Input Original are not blank.

**Administrative Notes**

New Edit for NAACCR v16

- Edit is skipped if diagnosis date is 2015 or prior

Modifications

NAACCR v16A

- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7

NAACCR v16B

- Default error message changed from 7124 to 7125

NAACCR v18

- Description, logic updated to include skip for date of diagnosis > 2017

**CS Items - NPCR Required - SSF 10 (CS) - 2015**

Agency: NPCR

Last changed: 02/07/2018 22:11:11

Edit Tag N2065

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**CS Items - NPCR Required - SSF 10 (CS) - 2015****Description**

The purpose of this edit is to verify that CS Site-Specific Factor10 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

- Type of Reporting Source
- 3 (laboratory only)
  - 4 (physician's office)
  - 5 (nursing home)
  - 6 (autopsy only)
  - 7 (death certificate only)

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor10 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor10 cannot = 988 or blank for the schemas for which CS Site-Specific Factor10 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2014-2015 OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor10 must not be 988 (not applicable) for the schemas for which CS Site-Specific Factor10 is required for CSv0205 by NPCR.
  - NPCR requires CS Site-Specific Factor10 for no schemas for CSv0205
2. If year of Diagnosis is 2010-2013
  - then
    - CS Site-Specific Factor10 must not be 988 for the schemas for which CS Site-Specific Factor10 is required (see List 1 below).
3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
  - A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor10 must be coded 988.

**CS Items - NPCR Required - SSF 10 (CS) - 2015**

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7 and CS Site-Specific Factor10 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:

If year of Diagnosis is 2014-2015 OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher.

Then

CS Site-Specific Factor10 must not be blank for Breast schema

Otherwise

CS Site-Specific Factor10 must not be 988 or blank for Breast schema.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor10 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor10 is Required by NPCR

-----  
Required only for cases diagnosed 2010-2013 OR entered originally in CSv0201-CSv0204:

Breast

List 2: Schemas for which CS Site-Specific Factor10 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

-----  
Breast

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor10 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

NAACCR v12.2

- Updated to require SSF 10 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSv02.04.

NAACCR v13

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

NAACCR v14



**CS Items - NPCR Required - SSF 10 (CS) - 2016+**

- CS versioning updated to work for CSv02.05
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements: SSF 10 is no longer required for Breast schema for cases diagnosed 2014 or later OR originally coded in CSv0205
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 10 (CS) - 2016+ will check cases diagnosed 2016 or later in V16.
- Name changed from CS Items - NPCR Required - SSF 10 (CS) to CS Items - NPCR Required - SSF 10 (CS) - 2015

**NAACCR v16A**

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 10 (CS) to CS Items - NPCR Required - SSF 10 (CS) - 2015

**CS Items - NPCR Required - SSF 10 (CS) - 2016+****Agency: NPCR****Last changed: 10/04/2017 12:30:00***Edit Tag* N2066***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 10 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Date of Diagnosis is 2015 or prior
4. CS schema is invalid
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)
6. Date of Diagnosis > 2017

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, the CS schema name is returned.

If year of Diagnosis is 2016 or 2017, then CS Site-Specific Factor 10 cannot be 988 (not collected) or blank for GISTPeritoneum and Prostate schemas.

**CS Items - NPCR Required - SSF 11 (CS) - 2015**

If CS Site Specific Factor 10 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

***Administrative Notes***

New edit - added to NAACCR v16 metafile.

**Modifications:****NAACCR v16A**

- Name changed from CS Items - NPCR Required - SSF 10 (CS) - 2016 to CS Items - NPCR Required - SSF 10 (CS) - 2016+
- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7
- Description updated to include skip if CS schema is invalid

**NAACCR v18**

- Description, logic updated to include skip for date of diagnosis > 2017

**CS Items - NPCR Required - SSF 11 (CS) - 2015**

Agency: NPCR

Last changed: 01/19/2019 20:04:16

Edit Tag N2067

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Site-Specific Factor11 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

- Type of Reporting Source
  - 3 (laboratory only)
  - 4 (physician's office)
  - 5 (nursing home)

**CS Items - NPCR Required - SSF 11 (CS) - 2015**

6 (autopsy only)

7 (death certificate only)

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later.

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor11 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor11 cannot = 988 or blank for the schemas for which CS Site-Specific Factor11 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2010-2015  
then

CS Site-Specific Factor11 must not be 988 for the schemas  
for which CS Site-Specific Factor11 is required (see List 1 below).

2. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

- A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor11 must be coded 988.

Note: CS Site-Specific Factor 7-24 fields were all populated  
with 988 upon conversion from CSv01 to CSv02.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor11 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:

- CS Site-Specific Factor11 must not be 988 or blank for Breast schema.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor11 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor11 is required by NPCR

-----  
Required only for cases diagnosed 2010-2015:

Breast

List 2: Schemas for which CS Site-Specific Factor11 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

---

**CS Items - NPCR Required - SSF 11 (CS) - 2015**

---

Breast

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications:****NAACCR v12.1**

- Edit updated to correspond to the CSV0203 NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor11 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

**NAACCR v12.2**

- Updated to require SSF 11 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER

Summary Stage 2000 [759] for staging.

- CS versioning updated to work for CSV02.04.

**NAACCR v13**

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

**NAACCR v14**

- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 11 (CS) - 2016+ will check cases diagnosed 2016 or later in V16.
- Name changed from CS Items - NPCR Required - SSF 11 (CS) to CS Items - NPCR Required - SSF 11 (CS) - 2015

**NAACCR v16A**

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 11 (CS) to CS Items - NPCR Required - SSF 11 (CS) - 2015

**NAACCR v18C**

- Logic modified to include specific skip for diagnosis year > 2015

CS Items - NPCR Required - SSF 11 (CS) - 2016+

**CS Items - NPCR Required - SSF 11 (CS) - 2016+**

Agency: NPCR

Last changed: 10/04/2017 12:30:13

*Edit Tag* N2068***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 10 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Date of Diagnosis is 2015 or prior
4. CS schema is invalid
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)
6. Date of Diagnosis > 2017

This edit first determines the correct CS schema by doing a function call to the CS Dynamic

Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, the CS schema name is returned.

If year of Diagnosis is 2016 or 2017, then CS Site-Specific Factor 11 cannot be 988 (not collected) or blank for Appendix, Breast, GISTAppendix, GISTColon, and GISTRectum schemas.

If CS Site Specific Factor 11 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

***Administrative Notes***

New edit - added to NAACCR v16 metafile.

Modifications:

NAACCR v16A

- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7
- Description updated to include skip if CS schema is invalid

NAACCR v18

- Description, logic updated to include skip for date of diagnosis > 2017

## CS Items - NPCR Required - SSF 12 (CS)

**CS Items - NPCR Required - SSF 12 (CS)**

Agency: NPCR

Last changed: 02/07/2018 22:11:11

*Edit Tag* N2069***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Site-Specific Factor12 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

Type of Reporting Source

- 3 (laboratory only)
- 4 (physician's office)
- 5 (nursing home)
- 6 (autopsy only)
- 7 (death certificate only)

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor12 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor12 cannot = 988 or blank for the schemas for which CS Site-Specific Factor12 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

**CS Items - NPCR Required - SSF 12 (CS)**

1. If year of Diagnosis is 2014-2015 OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher, then CS Site-Specific Factor12 must not be 988 (not applicable) for the schemas for which CS Site-Specific Factor12 is required for CSv0205 by NPCR.
  - NPCR requires CS Site-Specific Factor12 for no schemas for CSv0205
2. If year of Diagnosis is 2010-2013 then
  - CS Site-Specific Factor12 must not be 988 for the schemas for which CS Site-Specific Factor12 is required (see List 1 below).
3. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
  - A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor12 must be coded 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

- C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor12 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:

If year of Diagnosis is 2014 or later OR CS Version Input Original is 020550 (originally entered in CSv0205) or higher.

Then

CS Site-Specific Factor12 must not be blank for Breast schema

Otherwise

CS Site-Specific Factor12 must not be 988 or blank for Breast schema.

- D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor12 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor12 is required by NPCR

-----  
Required only for cases diagnosed 2010-2015:

Breast

List 2: Schemas for which CS Site-Specific Factor12 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

-----  
Breast

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Modifications:

**CS Items - NPCR Required - SSF 13 (CS) - 2015****NAACCR v12.1**

- Edit updated to correspond to the CSV0203 NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor12 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

**NAACCR v12.2**

- Updated to require SSF 12 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSv02.04.

**NAACCR v13**

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

**NAACCR v14**

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Updated to handle changes in SSF requirements: SSF 12 is no longer required for Breast schema for cases diagnosed 2014 or later OR originally coded in CSv0205
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, this edit will be skipped.
- Name changed from CS Items - NPCR Required - SSF 12 (CS) to CS Items - NPCR Required - SSF 12 (CS) - 2015

**NAACCR v16A**

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 12 (CS) to CS Items - NPCR Required - SSF 12 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 12 (CS) - 2015 to CS Items - NPCR Required - SSF 12 (CS)

**CS Items - NPCR Required - SSF 13 (CS) - 2015****Agency: NPCR****Last changed: 02/07/2018 22:11:11***Edit Tag N2071****Edit Sets***

<b>Edit Set Name</b>	<b>Edit Set Tag</b>	<b>Agency Code</b>
<b>HospitalScan18D</b>	MA0356	NONE
<b>OfficeScan18D</b>	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Site-Specific Factor13 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage



**CS Items - NPCR Required - SSF 13 (CS) - 2015**

2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

Type of Reporting Source

- 3 (laboratory only)
- 4 (physician's office)
- 5 (nursing home)
- 6 (autopsy only)
- 7 (death certificate only)

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor13 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor13 cannot = 988 or blank for the schemas for which CS Site-Specific Factor13 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2010-2015  
then  
CS Site-Specific Factor13 must not be 988 for the schemas  
for which CS Site-Specific Factor13 is required (see List 1 below).
2. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:
  - A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor13 must be coded 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor13 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:

- CS Site-Specific Factor13 must not be 988 or blank for Breast schema.

**CS Items - NPCR Required - SSF 13 (CS) - 2015**

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor13 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor13 is required by NPCR

---

Required only for cases diagnosed 2010-2015:

Breast

List 2: Schemas for which CS Site-Specific Factor13 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

---

Breast

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications:****NAACCR v12.1**

- Edit updated to correspond to the CSV0203 NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor13 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

**NAACCR v12.2**

- Updated to require SSF 13 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSV02.04.

**NAACCR v13**

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

**NAACCR v14**

- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 13 (CS) - 2016+ will check cases diagnosed 2016 or later in V16.
- Name changed from CS Items - NPCR Required - SSF 13 (CS) to CS Items - NPCR Required - SSF 13 (CS) - 2015

**NAACCR v16A**

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 13 (CS) to CS Items - NPCR Required - SSF 13 (CS) - 2015

CS Items - NPCR Required - SSF 13 (CS) - 2016+

**CS Items - NPCR Required - SSF 13 (CS) - 2016+**

Agency: NPCR

Last changed: 10/04/2017 12:30:24

*Edit Tag* N2070***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 10 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Date of Diagnosis is 2015 or prior
4. CS schema is invalid
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)
6. Date of Diagnosis > 2017

This edit first determines the correct CS schema by doing a function call to the CS Dynamic

Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, the CS schema name is returned.

If year of Diagnosis is 2016 or 2017, then CS Site-Specific Factor 13 cannot be 988 (not collected) or blank for Breast and Testis schemas.

If CS Site Specific Factor 13 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

***Administrative Notes***

New edit - added to NAACCR v16 metafile.

Modifications:

NAACCR v16A

- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7
- Description updated to include skip if CS schema is invalid

NAACCR v18

- Description, logic updated to include skip for date of diagnosis > 2017

## CS Items - NPCR Required - SSF 14 (CS) - 2015

**CS Items - NPCR Required - SSF 14 (CS) - 2015**

Agency: NPCR

Last changed: 02/07/2018 22:11:11

*Edit Tag N2073****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Site-Specific Factor14 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

Type of Reporting Source

- 3 (laboratory only)
- 4 (physician's office)
- 5 (nursing home)
- 6 (autopsy only)
- 7 (death certificate only)

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor14 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor14 cannot = 988 or blank for the schemas for which CS Site-Specific Factor14 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

**CS Items - NPCR Required - SSF 14 (CS) - 2015**

1. If year of Diagnosis is 2010-2015:  
then  
CS Site-Specific Factor14 must not be 988 for the schemas  
for which CS Site-Specific Factor14 is required (see List 1 below).

2. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

- A. If CS Version Input Current = 020510 (not changed since  
conversion from CSv01 to CSv02):

CS Site-Specific Factor14 must be coded 988.

Note: CS Site-Specific Factor 7-24 fields were all populated  
with 988 upon conversion from CSv01 to CSv02.

- C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor14 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:

- CS Site-Specific Factor14 must not be 988 or blank for Breast schema.

- D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor14 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor14 is required by NPCR

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Required only for cases diagnosed 2010-2015:

Breast

List 2: Schemas for which CS Site-Specific Factor14 is required by NPCR even if the  
case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by  
Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

-----  
Breast

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications:****NAACCR v12.1**

- Edit updated to correspond to the CSV0203 NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor14 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

**NAACCR v12.2**

- Updated to require SSF 14 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSv02.04.

**CS Items - NPCR Required - SSF 14 (CS) - 2016+****NAACCR v13**

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

**NAACCR v14**

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 14 (CS) - 2016+ will check cases diagnosed 2016 or later in V16.
- Name changed from CS Items - NPCR Required - SSF 14 (CS) to CS Items - NPCR Required - SSF 14 (CS) - 2015

**NAACCR v16A**

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 14 (CS) to CS Items - NPCR Required - SSF 14 (CS) - 2015

**NAACCR v16D**

- Logic corrected to pass if diagnosis year > 2015 (from diagnosis year > 2016)

**CS Items - NPCR Required - SSF 14 (CS) - 2016+****Agency: NPCR****Last changed: 02/07/2018 22:11:11***Edit Tag N2072****Edit Sets***

<b>Edit Set Name</b>	<b>Edit Set Tag</b>	<b>Agency Code</b>
<b>HospitalScan18D</b>	MA0356	NONE
<b>OfficeScan18D</b>	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 14 is populated based on the NPCR requirements.

This edit is skipped if any of the following conditions is true:

1. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
2. CS schema is invalid
3. Date of Diagnosis is blank or invalid
4. Date of Diagnosis is 2015 or prior
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)
6. Date of Diagnosis > 2017

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, the CS

**CS Items - NPCR Required - SSF 14 (CS) - 2016+**

schema name is returned.

If year of Diagnosis is 2016 or 2017, then CS Site-Specific Factor 14 cannot be 988 (not collected) or blank for Breast schema.

If CS Site Specific Factor 14 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications:****NAACCR v12.1**

- Edit updated to correspond to the CSV0203 NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor14 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

**NAACCR v12.2**

- Updated to require SSF 14 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSV02.04.

**NAACCR v13**

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

**NAACCR v14**

- CS versioning updated to work for CSV02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later except for Breast Schemas.
- For all schemas, if year of diagnosis is 2016 or later, CS Site-Specific Factor 14 can be blank except for Breast Schemas.

**NAACCR v16A**

- Default error message changed to 7125
- Description modified to reflect NPCR requirements for 2016 diagnosis year. Description from v15A was retained in v16 metafile.
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7.
- Edit logic corrected to pass for Behavior Code ICD-O-3 if schema = Brain, CNSOther, IntracranialGland

**CS Items - NPCR Required - SSF 15 (CS) - 2015**

NAACCR v18

- Description, logic updated to include skip for Date of Diagnosis &gt; 2017

**CS Items - NPCR Required - SSF 15 (CS) - 2015**

Agency: NPCR

Last changed: 02/07/2018 22:11:11

*Edit Tag N2075****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Site-Specific Factor15 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

Type of Reporting Source

- 3 (laboratory only)
- 4 (physician's office)
- 5 (nursing home)
- 6 (autopsy only)
- 7 (death certificate only)

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor15 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor15 cannot = 988 or blank for the schemas for which CS Site-Specific Factor15 is required by NPCR. See List 1 below.

Detailed logic for B:



**CS Items - NPCR Required - SSF 15 (CS) - 2015**

If Over-ride CS 20 is blank:.

1. If year of Diagnosis is 2011-2015  
then

CS Site-Specific Factor15 must not be 988 for the schemas  
for which CS Site-Specific Factor15 is required.

2. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

- A. If CS Version Input Current = 020510 (not changed since  
conversion from CSv01 to CSv02):

CS Site-Specific Factor15 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated  
with 988 upon conversion from CSv01 to CSv02.

- C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor15 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:

- CS Site-Specific Factor15 must not be 988 or blank for Breast schema.

- D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor15 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor15 is required by NPCR

-----  
Required only for cases diagnosed 2011-2015"

Breast

List 2: Schemas for which CS Site-Specific Factor15 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

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Breast

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to require SSF 15 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSv02.04.

NAACCR v13

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

**CS Items - NPCR Required - SSF 15 (CS) - 2016+****NAACCR v14**

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 15 (CS) - 2016+ will check cases diagnosed 2016 or later in V16.
- Name changed from CS Items - NPCR Required - SSF 15 (CS) to CS Items - NPCR Required - SSF 15 (CS) - 2015

**NAACCR v16A**

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 15 (CS) to CS Items - NPCR Required - SSF 15 (CS) - 2015

**CS Items - NPCR Required - SSF 15 (CS) - 2016+****Agency: NPCR****Last changed: 10/04/2017 12:30:42***Edit Tag N2074****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 15 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Date of Diagnosis is 2015 or prior
4. CS schema is invalid
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)
6. Date of Diagnosis > 2017

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, the CS schema name is returned.

If year of Diagnosis is 2016 or 2017, then CS Site-Specific Factor 15 cannot be 988 (not collected) or blank for Breast and Testis schemas.

**CS Items - NPCR Required - SSF 16 (CS) - 2015**

If CS Site Specific Factor 15 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

***Administrative Notes***

New edit - added to NAACCR v16 metafile.

**Modifications:****NAACCR v16A**

- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7
- Description updated to include skip if CS schema is invalid

**NAACCR v18**

- Description, logic updated to include skip for Date of Diagnosis > 2017

**CS Items - NPCR Required - SSF 16 (CS) - 2015**

Agency: NPCR

Last changed: 02/07/2018 22:11:11

Edit Tag N2077

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Site-Specific Factor16 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

- Type of Reporting Source
- 3 (laboratory only)
  - 4 (physician's office)
  - 5 (nursing home)
  - 6 (autopsy only)
  - 7 (death certificate only)

**CS Items - NPCR Required - SSF 16 (CS) - 2015**

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor16 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor16 cannot = 988 or blank for the schemas for which CS Site-Specific Factor16 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2011-2015  
then  
CS Site-Specific Factor16 must not be 988 for the schemas  
for which CS Site-Specific Factor16 is required.
2. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor16 must = 988.

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor16 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:

- CS Site-Specific Factor16 must not be 988 or blank for Breast schema.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor16 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor16 is required by NPCR

-----  
Required only for cases diagnosed 2011-2015:

Breast

List 2: Schemas for which CS Site-Specific Factor16 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

**CS Items - NPCR Required - SSF 16 (CS) - 2016+**

Breast

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

**Modifications:****NAACCR v12.2**

- Updated to require SSF 16 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSv02.04.

**NAACCR v13**

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

**NAACCR v14**

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 9 (CS) - 2016+ will check cases diagnosed 2016 or later in V16.

Name changed from CS Items - NPCR Required - SSF 16 (CS) to CS Items - NPCR Required - SSF 16 (CS) - 2015

**NAACCR v16A**

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 16 (CS) to CS Items - NPCR Required - SSF 16 (CS) - 2015

**CS Items - NPCR Required - SSF 16 (CS) - 2016+****Agency: NPCR****Last changed: 10/04/2017 12:30:54***Edit Tag N2076****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 16 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid

**CS Items - NPCR Required - SSF 17 (CS)**

2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Date of Diagnosis is 2015 or prior
4. CS schema is invalid
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)
6. Date of Diagnosis > 2017

This edit first determines the correct CS schema by doing a function call to the CS Dynamic

Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, the CS schema name is returned.

If year of Diagnosis is 2016 or 2017, then CS Site-Specific Factor 16 cannot be 988 (not collected) or blank for Breast and Testis schemas.

If CS Site Specific Factor 16 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

***Administrative Notes***

New edit - added to NAACCR v16 metafile.

Modifications:

NAACCR v16A

- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7
- Description updated to include skip if CS schema is invalid

NAACCR v18

- Description, logic updated to include skip for Date of Diagnosis > 2017

**CS Items - NPCR Required - SSF 17 (CS)**

Agency: NPCR

Last changed: 07/18/2016

*Edit Tag* N2078

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor17 is populated based on the NPCR requirements.

This edit is skipped if:

**CS Items - NPCR Required - SSF 18 (CS)**

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759] )
4. Date of Diagnosis is 2016 or later

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor17 cannot be blank.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

**Modifications:****NAACCR v12.2**

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

**NAACCR v14**

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later CS Site-Specific Factor17 can be skipped.
- Name changed from CS Items - NPCR Required - SSF 17 (CS) to CS Items - NPCR Required - SSF 17 (CS) - 2015

**NAACCR v16A**

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 17 (CS) to CS Items - NPCR Required - SSF 17 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 17 (CS) - 2015 to CS Items - NPCR Required - SSF 17 (CS)

**CS Items - NPCR Required - SSF 18 (CS)**

Agency: NPCR

Last changed: 07/18/2016

*Edit Tag* N2079

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**CS Items - NPCR Required - SSF 19 (CS)*****Description***

This edit verifies that CS Site-Specific Factor18 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759] )
4. Date of Diagnosis is 2016 or later.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor18 cannot be blank.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later CS Site-Specific Factor18 can be skipped.
- Name changed from CS Items - NPCR Required - SSF 18 (CS) to CS Items - NPCR Required - SSF 18 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 18 (CS) to CS Items - NPCR Required - SSF 18 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 18 (CS) - 2015 to CS Items - NPCR Required - SSF 18 (CS)

**CS Items - NPCR Required - SSF 19 (CS)**

Agency: NPCR

Last changed: 07/18/2016

*Edit Tag N2080*

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
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**CS Items - NPCR Required - SSF 19 (CS)**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit verifies that CS Site-Specific Factor19 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759] )
4. Date of Diagnosis is 2016 or later.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor19 cannot be blank.

For all schemas, if year of Diagnosis is 2016 or later, CS site-Specific Factor19 can be blank.

**Administrative Notes**

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later CS Site-Specific Factor19 can be skipped.
- Name changed from CS Items - NPCR Required - SSF 19 (CS) to CS Items - NPCR Required - SSF 19 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 19 (CS) to CS Items - NPCR Required - SSF 19 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 19 (CS) - 2015 to CS Items - NPCR Required - SSF 19 (CS)

## CS Items - NPCR Required - SSF 2 (CS) - 2015

**CS Items - NPCR Required - SSF 2 (CS) - 2015**

Agency: NPCR

Last changed: 02/07/2018 22:11:11

*Edit Tag* N2081***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Site-Specific Factor 2 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

Type of Reporting Source

- 3 (laboratory only)
- 4 (physician's office)
- 5 (nursing home)
- 6 (autopsy only)
- 7 (death certificate only)

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004 - 2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor 2 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor 2 cannot = 988 or blank for the schemas for which CS Site-Specific Factor 2 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2010 - 2015  
then

**CS Items - NPCR Required - SSF 2 (CS) - 2015**

CS Site-Specific Factor 2 must not be 988 for the schemas for which CS Site-Specific Factor 2 is required (see List 1 below).

2. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

1. If CS Site-Specific Factor 2 was not defined in CSv01 (see List 2 below),  
then

CS Site-Specific Factor 2 must be coded 988.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor 2 must not be 988 or blank for the schemas listed in List 3 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:

- CS Site-Specific Factor 2 must not be 988 or blank for Breast schema.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor 2 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor 2 is Required for CSv2 by NPCR

-----  
Required only for cases diagnosed 2010 - 2015:

Breast  
CorpusAdenosarcoma  
CorpusCarcinoma  
CorpusSarcoma

List 2: Schemas for which CS Site-Specific Factor 2, although required for CSv02, was not defined in CSv01:

-----  
CorpusAdenosarcoma  
CorpusCarcinoma  
CorpusSarcoma

List 3: Schemas for which CS Site-Specific Factor 2 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

-----  
Breast

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 NPCR requirements.

**CS Items - NPCR Required - SSF 2 (CS) - 2016+**

- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 2 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

**NAACCR v12.2**

- Updated to require SSF 2 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSv02.04.

**NAACCR v13**

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

**NAACCR v14**

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 2 (CS) - 2016+ will check cases diagnosed 2016 or later.
- Name changed from CS Items - NPCR Required - SSF 2 (CS) to CS Items - NPCR Required - SSF 2 (CS) - 2015
- Removed reference to IF289

**NAACCR v16A**

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 2 (CS) to CS Items - NPCR Required - SSF 2 (CS) - 2015
- Administrative note updated for NAACCR v16 to indicate that reference to IF289 removed from edit

**CS Items - NPCR Required - SSF 2 (CS) - 2016+****Agency: NPCR****Last changed: 02/07/2018 22:11:11***Edit Tag N2082****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Site-Specific Factor 2 is entered for the schemas required by NPCR for diagnosis year 2016 and later.

This edit is skipped if any of the following conditions is true:

1. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
2. CS schema is invalid
3. Date of Diagnosis is blank OR invalid

**CS Items - NPCR Required - SSF 20 (CS)**

4. Date of Diagnosis is 2015 or prior
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)
6. Date of Diagnosis > 2017

If year of Diagnosis is 2016 or 2017, CS Site Specific Factor 2 must not be 988 (not collected) or blank for Breast.

If CS Site Specific Factor 2 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

***Administrative Notes***

New Edit for NAACCR v16

**Modifications****NAACCR v16A**

- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7

**NAACCR v16B**

- Default error message changed from 7124 to 7125

**NAACCR v18**

- Description, logic updated to include skip for Date of Diagnosis > 2017

**CS Items - NPCR Required - SSF 20 (CS)**

Agency: NPCR

Last changed: 07/18/2016

*Edit Tag* N2083

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor20 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759] )
4. Date of Diagnosis is 2016 or later.

**CS Items - NPCR Required - SSF 21 (CS)**

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor20 cannot be blank.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, CS Site-Specific Factor20 can be skipped.
- Name changed from CS Items - NPCR Required - SSF 20 (CS) to CS Items - NPCR Required - SSF 20 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 20 (CS) to CS Items - NPCR Required - SSF 20 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 20 (CS) - 2015 to CS Items - NPCR Required - SSF 20 (CS)

**CS Items - NPCR Required - SSF 21 (CS)**

Agency: NPCR

Last changed: 07/18/2016

*Edit Tag* N2084

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor21 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland

**CS Items - NPCR Required - SSF 22 (CS)**

3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759] )
4. Date of Diagnosis is 2016 or later.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor21 cannot be blank.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, CS Site-Specific Factor21 can be skipped.
- Name changed from CS Items - NPCR Required - SSF 21 (CS) to CS Items - NPCR Required - SSF 21 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 21 (CS) to CS Items - NPCR Required - SSF 21 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 21 (CS) - 2015 to CS Items - NPCR Required - SSF 21 (CS)

**CS Items - NPCR Required - SSF 22 (CS)**

Agency: NPCR

Last changed: 07/18/2016

*Edit Tag N2085*

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor22 is populated based on the NPCR requirements.

This edit is skipped if:

EditWriter 5

**CS Items - NPCR Required - SSF 23 (CS)**

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759] )
4. Date of Diagnosis is 2016 or later.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor22 cannot be blank.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

**Modifications:****NAACCR v12.2**

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

**NAACCR v14**

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, CS Site-Specific Factor22 can be skipped.
- Name changed from CS Items - NPCR Required - SSF 22 (CS) to CS Items - NPCR Required - SSF 22 (CS) - 2015

**NAACCR v16A**

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 22 (CS) to CS Items - NPCR Required - SSF 22 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 22 (CS) - 2015 to CS Items - NPCR Required - SSF 22 (CS)

**CS Items - NPCR Required - SSF 23 (CS)**

Agency: NPCR

Last changed: 07/18/2016

*Edit Tag N2086*

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE



**CS Items - NPCR Required - SSF 24 (CS)****Description**

This edit verifies that CS Site-Specific Factor23 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759] )
4. Date of Diagnosis is 2016 or later

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor23 cannot be blank.

**Administrative Notes**

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis 2016 or later, CS Site-Specific Factor23 can be skipped.
- Name changed from CS Items - NPCR Required - SSF 23 (CS) to CS Items - NPCR Required - SSF 23 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 23 (CS) to CS Items - NPCR Required - SSF 23 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 23 (CS) - 2015 to CS Items - NPCR Required - SSF 23 (CS)

**CS Items - NPCR Required - SSF 24 (CS)**

Agency: NPCR

Last changed: 07/18/2016

Edit Tag N2087

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
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**CS Items - NPCR Required - SSF 25 (CS) - 2016+**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit verifies that CS Site-Specific Factor24 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759] )
4. Date of Diagnosis is 2016 or later

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor24 cannot be blank.

**Administrative Notes**

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, CS Site-Specific Factor24 can be skipped.
- Name changed from CS Items - NPCR Required - SSF 24 (CS) to CS Items - NPCR Required - SSF 24 (CS) - 2015

NAACCR v16A

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 24 (CS) to CS Items - NPCR Required - SSF 24 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 24 (CS) - 2015 to CS Items - NPCR Required - SSF 24 (CS)

**CS Items - NPCR Required - SSF 25 (CS) - 2016+**

Agency: NPCR

Last changed: 08/14/2019 10:53:15

Edit Tag N2088

**CS Items - NPCR Required - SSF 25 (CS) - 2016+*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Site-Specific Factor25 is entered for the schemas required by NPCR for diagnosis year 2016 and later.

This edit is skipped if any of the following conditions is true:

1. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
2. CS schema is invalid
3. Date of Diagnosis is blank OR invalid
4. Date of Diagnosis is 2015 or prior
5. Primary site is C48.1, C48.2 or C48.8
6. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)
7. Date of Diagnosis > 2017

This edit first determines the correct CS schema by doing a function call to the CS Dynamic

Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS

Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If year of Diagnosis is 2016 or 2017, CS SSF 25 must not be blank for

BileDuctsDistal, BileDuctsPerihilar, CysticDuct, EsophagusGEJunction, LacrimalGland, LacrimalSac, MelanomaCiliaryBody, MelanomaIris, Nasopharynx, PharyngealTonsil, and Stomach schemas.

***Administrative Notes***

New Edit for NAACCR v16

**Modifications****NAACCR v16A**

- Name changed from CS Items - NPCR Required - SSF 25 (CS) - 2016 to CS Items - NPCR Required - SSF 25 (CS) - 2016+

- Description updated to include notice that edit first determines correct CS schema by function call by passing Primary Site, Histologic

Type ICD-O3, and CS Site-Specific Factor 25 to CS dll, and CS schema name is returned.

- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7

**NAACCR v18**

- Description, logic updated to include skip for Date of Diagnosis > 2017

## CS Items - NPCR Required - SSF 3 (CS)

**CS Items - NPCR Required - SSF 3 (CS)**

Agency: NPCR

Last changed: 07/18/2016

*Edit Tag* N2089***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 3 is populated based on the NPCR requirements. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759] )
4. Date of Diagnosis is 2016 or later

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is between 2004-2015, CS Site-Specific Factor 3 cannot be blank.

For all schemas, if year of Diagnosis is 2016 or later, CS Site-Specific Factor 3 can be blank.

Note: There is no need to check for CS Site-Specific Factor 3 of 988 since 988 is not an allowable code for the Prostate schema.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the NPCR requirements.

**CS Items - NPCR Required - SSF 4 (CS)**

- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 3 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

**NAACCR v12.2**

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.NAACCR v14
- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later, this edit will pass.
- Name changed from CS Items - NPCR Required - SSF 3 (CS) to CS Items - NPCR Required - SSF 3 (CS) - 2015

**NAACCR v16A**

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 3 (CS) to CS Items - NPCR Required - SSF 3 (CS) - 2015
- Name changed from CS Items - NPCR Required - SSF 3 (CS) - 2015 to CS Items - NPCR Required - SSF 3 (CS)

**CS Items - NPCR Required - SSF 4 (CS)****Agency: NPCR****Last changed: 08/13/2016***Edit Tag N2090****Edit Sets***

<b>Edit Set Name</b>	<b>Edit Set Tag</b>	<b>Agency Code</b>
<b>HospitalScan18D</b>	MA0356	NONE
<b>OfficeScan18D</b>	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 4 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759] )
4. Date of Diagnosis is 2016 or later

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor 4 cannot be blank.

For all schemas, if year of Diagnosis is 2016 or later, CS Site-Specific Factor 4 can be blank.

**CS Items - NPCR Required - SSF 5 (CS) - 2015*****Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

**Modifications:****NAACCR v12.2**

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

**NAACCR v14**

- CS versioning updated to work for CSv02.05.  
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.  
- For all schemas, if year of diagnosis is 2016 or later, this edit will pass.  
- Name changed from CS Items - NPCR Required - SSF 4 (CS) to CS Items - NPCR Required - SSF 4 (CS) - 2015

**NAACCR v16A**

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 4 (CS) to CS Items - NPCR Required - SSF 4 (CS) - 2015  
- Name changed from CS Items - NPCR Required - SSF 4 (CS) - 2015 to CS Items - NPCR Required - SSF 4 (CS)

**NAACCR v16B**

- Name change noted above for v16A missed, name change made in v16B: Name changed from CS Items - NPCR Required - SSF 4 (CS) - 2015 to CS Items - NPCR Required - SSF 4 (CS)

**CS Items - NPCR Required - SSF 5 (CS) - 2015**

**Agency: NPCR**

**Last changed: 07/18/2016**

*Edit Tag* N2091

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 5 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759] )
4. Date of Diagnosis is 2016 or later

**CS Items - NPCR Required - SSF 5 (CS) - 2016+**

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor 5 cannot be blank.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

**Modifications:****NAACCR v12.2**

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

**NAACCR v14**

- CS versioning updated to work for CSv02.05.  
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later except for GISTPeritoneum Schema.  
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 5 (CS) - 2016+ will check cases diagnosed 2016 or later.  
- Name changed from CS Items - NPCR Required - SSF 5 (CS) to CS Items - NPCR Required - SSF 5 (CS) - 2015

**NAACCR v16A**

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 5 (CS) to CS Items - NPCR Required - SSF 5 (CS) - 2015

**CS Items - NPCR Required - SSF 5 (CS) - 2016+**

**Agency:** NPCR

**Last changed:** 10/04/2017 12:32:44

*Edit Tag* N2092

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Site-Specific Factor 5 is entered for the schemas required by NPCR for diagnosis year 2016 and later.

This edit is skipped if:

1. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and

**CS Items - NPCR Required - SSF 6 (CS) - 2015**

- schema is not Brain, CNSOther, or IntracranialGland
2. CS schema is invalid
  3. Date of Diagnosis is blank or invalid
  4. Date of Diagnosis is 2015 or prior
  5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)
  6. Date of Diagnosis > 2017

This edit first determines the correct CS schema by doing a function call to the CS Dynamic

Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS

Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If year of Diagnosis is 2016 or 2017, CS Site-Specific Factor 5 cannot be 988 (not collected)  
or blank for GISTPeritoneum Schemas.

If CS Site Specific Factor 5 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

***Administrative Notes***

New edit - added to NAACCR v16 metafile.

Modifications:

NAACCR v16A

- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7

NAACCR v18

- Description, logic updated to include skip for Date of Diagnosis > 2017

**CS Items - NPCR Required - SSF 6 (CS) - 2015**

Agency: NPCR

Last changed: 07/18/2016

*Edit Tag* N2093

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 6 is populated based on the NPCR requirements.

This edit is skipped if:



**CS Items - NPCR Required - SSF 6 (CS) - 2016+**

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759] )
4. Date of Diagnosis is 2016 or later

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004 - 2015, CS Site-Specific Factor 6 cannot be blank.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

**Modifications:****NAACCR v12.2**

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

**NAACCR v14**

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later except for Breast Schemas.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 6 (CS) - 2016+ will check cases diagnosed 2016 or later.
- Name changed from CS Items - NPCR Required - SSF 6 (CS) to CS Items - NPCR Required - SSF 6 (CS) - 2015

**NAACCR v16A**

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 6 (CS) to CS Items - NPCR Required - SSF 6 (CS) - 2015

**CS Items - NPCR Required - SSF 6 (CS) - 2016+**

Agency: NPCR

Last changed: 03/28/2018 22:30:24

*Edit Tag* N2094

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**CS Items - NPCR Required - SSF 7 (CS)****Description**

This edit verifies that CS Site-Specific Factor 6 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Date of Diagnosis is 2015 or prior
4. CS schema is invalid
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)
6. Date of Diagnosis > 2017

This edit first determines the correct CS schema by doing a function call to the CS Dynamic

Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If year of Diagnosis is 2016 or 2017, then CS Site-Specific Factor 6 cannot be 988 (not collected) or blank for GISTEsophagus, GISTSmallIntestine, and GISTStomach schemas.

If CS Site Specific Factor 6 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

**Administrative Notes**

New edit - added to NAACCR v16 metafile.

Modifications:

NAACCR v16A

- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7
- Description updated to include skip if CS schema is invalid

NAACCR v18

- Description, logic updated to include skip for Date of diagnosis > 2017

**CS Items - NPCR Required - SSF 7 (CS)**

Agency: NPCR

Last changed: 07/18/2016

Edit Tag N2095

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE

**CS Items - NPCR Required - SSF 8 (CS) - 2015**

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

**Description**

This edit verifies that CS Site-Specific Factor 7 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Over-ride CS 20 is '1' (case is 2012+ and coded using directly coded SEER Summary Stage 2000 [759] )
4. Date of Diagnosis is 2016 or later

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For all schemas, if year of Diagnosis is 2004-2015, CS Site-Specific Factor 7 cannot be blank.

For all schemas, if year of diagnosis is 2016 or later CS Site-Specific Factor 7 can be skipped.

**Administrative Notes**

New edit - added to NAACCR v12.1 metafile.

Modifications:

NAACCR v12.2

- Updated to skip if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.

NAACCR v14

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later.
- For all schemas, if year of diagnosis is 2016 or later CS Site-Specific Factor 7 can be skipped.

**CS Items - NPCR Required - SSF 8 (CS) - 2015**

Agency: NPCR

Last changed: 02/07/2018 22:11:11

Edit Tag N2096

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
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**CS Items - NPCR Required - SSF 8 (CS) - 2015**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

The purpose of this edit is to verify that CS Site-Specific Factor 8 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

Type of Reporting Source

- 3 (laboratory only)
- 4 (physician's office)
- 5 (nursing home)
- 6 (autopsy only)
- 7 (death certificate only)

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor 8 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor 8 cannot = 988 or blank for the schemas for which CS Site-Specific Factor 8 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2010 or later  
then

CS Site-Specific Factor 8 must not be 988 for the schemas  
for which CS Site-Specific Factor 8 is required (see List 1 below).

2. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

- A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 8 must be coded 988.

**CS Items - NPCR Required - SSF 8 (CS) - 2015**

Note: CS Site-Specific Factor 7-24 fields were all populated with 988 upon conversion from CSv01 to CSv02.

3.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor 8 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7:

- CS Site-Specific Factor 8 must not be 988 or blank for Breast schema.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor 8 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor 8 is required for CSv2 by NPCR

-----  
Required only for cases diagnosed 2010-2015:

Breast

List 2: Schemas for which CS Site-Specific Factor 8 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)

-----  
-----  
Breast

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications:****NAACCR v12.1**

- Edit updated to correspond to the CSV0203 NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 8 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

**NAACCR v12.2**

- Updated to require SSF 8 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSv02.04.

**NAACCR v13**

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

**NAACCR v14**

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Items - NPCR Required - SSF 8 (CS) - 2016+**

- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later except for Breast Schemas.

- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 8 (CS) - 2016+ will check cases diagnosed 2016 or later.

- Name changed from CS Items - NPCR Required - SSF 8 (CS) to CS Items - NPCR Required - SSF 8 (CS) - 2015

**NAACCR v16A**

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 8 (CS) to CS Items - NPCR Required - SSF 8 (CS) - 2015

**CS Items - NPCR Required - SSF 8 (CS) - 2016+**

**Agency: NPCR**

**Last changed: 01/19/2019 19:47:45**

*Edit Tag N2097*

***Edit Sets***

<b>Edit Set Name</b>	<b>Edit Set Tag</b>	<b>Agency Code</b>
<b>HospitalScan18D</b>	MA0356	NONE
<b>OfficeScan18D</b>	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 8 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Date of Diagnosis is 2015 or prior
4. CS schema is invalid
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)
6. Date of Diagnosis > 2017

This edit first determines the correct CS schema by doing a function call to the CS Dynamic

Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, the CS schema name is returned.

If year of Diagnosis is 2016 or 2017, then CS Site-Specific Factor 8 cannot be 988 (not collected) or blank for Breast and Prostate schemas.

If CS Site Specific Factor 8 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

**CS Items - NPCR Required - SSF 9 (CS) - 2015*****Administrative Notes***

New edit - added to NAACCR v16 metafile.

**Modifications:****NAACCR v16A**

- Default error message changed to 7125
- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7
- Description updated to include skip if CS schema is invalid

**NAACCR v18**

- Description, logic updated to include skip for Date of Diagnosis > 2017

**NAACCR v18C**

- Logic update described for v18 was omitted, now added in v18C.

**CS Items - NPCR Required - SSF 9 (CS) - 2015**

Agency: NPCR

Last changed: 02/07/2018 22:11:11

*Edit Tag* N2098

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Site-Specific Factor 9 is entered for the schemas required by NPCR. For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later.

- Type of Reporting Source
  - 3 (laboratory only)
  - 4 (physician's office)
  - 5 (nursing home)
  - 6 (autopsy only)
  - 7 (death certificate only)

**CS Items - NPCR Required - SSF 9 (CS) - 2015**

This edit is skipped if any of the following conditions is true:

1. CS Version Input Current is blank
2. CS Version Input Original is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid
5. Date of Diagnosis is blank or invalid
6. Date of Diagnosis is 2016 or later

A. For all schemas, if year of Diagnosis is 2004-2015 AND Over-ride CS 20 (for 2012+ cases) is blank, CS Site-Specific Factor 9 cannot be blank.

B. If Over-ride CS 20 is blank, indicating case is coded using CS, then CS Site-Specific Factor 9 cannot = 988 or blank for the schemas for which CS Site-Specific Factor 9 is required by NPCR. See List 1 below.

Detailed logic for B:

If Over-ride CS 20 is blank:

1. If year of Diagnosis is 2010-2015  
then

CS Site-Specific Factor 9 must not be 988 for the schemas  
for which CS Site-Specific Factor 9 is required (see List 1 below).

2. If year of Diagnosis is 2004-2009 AND CS Version Input Original is 01xxxx:

- A. If CS Version Input Current = 020510 (not changed since conversion from CSv01 to CSv02):

CS Site-Specific Factor 9 must be coded 988.

Note: CS Site-Specific Factor 7-24 fields were all populated  
with 988 upon conversion from CSv01 to CSv02.

C. If Over-ride CS 20 is '1' and Type of Reporting Source is not 3-7, CS Site-Specific Factor 9 must not be 988 or blank for the schemas listed in List 2 (see below).

Detailed logic for C:

If Over-ride CS 20 is '1':

- CS Site-Specific Factor 9 must not be 988 or blank for Breast schema.

D. If Over-ride CS 20 is '1' and Type of Reporting Source is 3-7, CS Site-Specific Factor 9 will pass if blank.

List 1: Schemas for which CS Site-Specific Factor 9 is required for CSv2 by NPCR

-----  
Required only for cases diagnosed 2010-2015:

Breast

List 2: Schemas for which CS Site-Specific Factor 9 is required by NPCR even if the case is coded using directly coded SEER Summary Stage 2000 [759] (indicated by Over-ride CS 20 of '1' and Type of Reporting Source not = 3-7)



**CS Items - NPCR Required - SSF 9 (CS) - 2016+**

Breast

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications:****NAACCR v12.1**

- Edit updated to correspond to the CSV0203 NPCR requirements.
- For all schemas, if year of Diagnosis is 2004 or later, CS Site-Specific Factor 9 cannot be blank.
- Edit updated to skip if behavior code is 0 or 1 ONLY if schema is not Brain, CNSOther, or IntracranialGland.

**NAACCR v12.2**

- Updated to require SSF 9 for only Breast schema if Over-ride CS 20 is set to 1, indicating case is coded using directly coded SEER Summary Stage 2000 [759] for staging.
- CS versioning updated to work for CSv02.04.

**NAACCR v13**

- Edit modified to take into account the use of Over-ride CS 20 for Type of Reporting Source = 3-7.

**NAACCR v14**

- CS versioning updated to work for CSv02.05.
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit no longer takes into account CS Version Input Original when requiring SSF (cannot = 988). Requirement is now based on year of diagnosis only instead of [year of diagnosis OR CS Version Input Original].

**NAACCR v16**

- Edit modified to take into account that CS is no longer required for cases diagnosed 2016 or later except for Breast Schemas.
- For all schemas, if year of diagnosis is 2016 or later, the edit will skip. CS Items - NPCR Required - SSF 9 (CS) - 2016+ will check cases diagnosed 2016 or later.
- Name changed from CS Items - NPCR Required - SSF 9 (CS) to CS Items - NPCR Required - SSF 9 (CS) - 2015

**NAACCR v16A**

- Administrative note for v16 updated to indicate name changed from CS Items - NPCR Required - SSF 9 (CS) to CS Items - NPCR Required - SSF 9 (CS) - 2015

**CS Items - NPCR Required - SSF 9 (CS) - 2016+****Agency: NPCR****Last changed: 01/19/2019 19:48:40*****Edit Tag N2099******Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**CS Items, DX Post 2017 (CS)*****Description***

This edit verifies that CS Site-Specific Factor 9 is populated based on the NPCR requirements.

This edit is skipped if:

1. Date of Diagnosis is blank or invalid
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. Date of Diagnosis is 2015 or prior
4. CS schema is invalid
5. Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only)
6. Date of Diagnosis > 2017

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, the CS schema name is returned.

If year of Diagnosis is 2016 or 2017, then CS Site-Specific Factor 9 cannot be 988 (not collected) or blank for Breast schema.

If CS Site Specific Factor 9 is required, this edit checks that CS Version Input Current and CS Version Input Original are not blank.

***Administrative Notes***

New edit - added to NAACCR v16 metafile.

Modifications:

NAACCR v16A

- Default error message changed to 7125
- Administrative note modified to identify new edit for v16 metafile
- Description and edit logic updated to skip if Type of Reporting Source = 6 or 7
- Description is updated to include skip if CS schema is invalid

NAACCR v18

- Description, logic updated to include skip for Date of Diagnosis > 2017

NAACCR v18C

- Logic update described for v18 was omitted, now added in v18C.

**CS Items, DX Post 2017 (CS)**

Agency: NAACCR

Last changed: 01/19/2019 20:11:13

*Edit Tag* N2838

**CS Items, DX Pre-2004 (CS)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

If year of Date of Diagnosis is blank or invalid, this edit is skipped.

If year of Date of Diagnosis is greater than 2017, then the following CS data items must be blank:

CS Tumor Size  
 CS Extension  
 CS Tumor Size/Ext Eval  
 CS Lymph Nodes  
 CS Lymph Nodes Eval  
 CS Mets at DX  
 CS Mets at Dx-Bone  
 CS Mets at Dx-Brain  
 CS Mets at Dx-Liver  
 CS Mets at Dx-Lung  
 CS Mets Eval  
 CS Site-Specific Factors 1 - 25

***Administrative Notes***

New edit - NAACCR v18 metafile

**CS Items, DX Pre-2004 (CS)**

Agency: CS

Last changed: 06/06/2016

Edit Tag N0697

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is less than 2004, then the following CS data items must be blank:

CS Tumor Size

**CS Lymph Nodes (CS)**

CS Extension  
CS Tumor Size/Ext Eval  
CS Lymph Nodes  
CS Lymph Nodes Eval  
CS Mets at DX  
CS Mets Eval  
CS Site-Specific Factor 1 - 25  
CS Version Input Original  
CS Version Input Current

***Administrative Notes***

Modifications

NAACCR v12.0

- Added CS Site-Specific Factors 7-25

NAACCR v16

No changes

**CS Lymph Nodes (CS)**

Agency: CS

Last changed: 03/10/2010

*Edit Tag* N0657

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

***Administrative Notes***

Modifications:

NAACCR v12.0

The size of CS Lymph Nodes was changed from 2 to 3 characters. Allowable codes changed from "00-99" to "000-999".

**CS Lymph Nodes Eval (CS)**

Agency: CS

Last changed: 08/16/2009

*Edit Tag* N0660

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE

**CS Lymph Nodes Eval, Lymph Nodes, Breast Schema (CS)**

Edit Set Name	Edit Set Tag	Agency Code
OfficeScan18D	MA0358	NONE

**Description**

Must be a valid CS Lymph Nodes Eval code (0-3,5,6,8,9) or blank.

**Administrative Notes**

Modifications:

NAACCR v11.3

01/08

- Code 4 was removed from the list of allowable codes.

NAACCR v12.0

The edit name was changed from "CS Reg Nodes Eval (CS)" to "CS Lymph Nodes Eval (CS)". The data item name also changed from "CS Reg Nodes Eval" to "CS Lymph Nodes Eval".

**CS Lymph Nodes Eval, Lymph Nodes, Breast Schema (CS)**

Agency: CS

Last changed: 04/09/2018 22:02:10

Edit Tag N1025

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

The purpose of this edit is to verify that, for cases coded using the Breast Schema, that CS Lymph Nodes and CS Lymph Nodes Eval are coded consistently per Note 6 under CS Lymph Nodes:

Note 6: For the breast schema, the choice of the N category is dependent on the CS Lymph Nodes Eval field. There are certain CS Lymph Nodes codes that can only be used if the nodes are evaluated clinically (CS Lymph Nodes Eval is coded 0, 1, 5, or 9), which will be designated as "Evaluated clinically:" at the beginning of the code description. Similarly, there are certain CS Lymph Nodes codes that can only be used if the nodes are evaluated pathologically (CS Lymph Nodes Eval is coded 2, 3, 6, or 8), and these will be designated as "Evaluated pathologically:". All other codes can be used for clinical or pathologic evaluation

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is empty
2. CS Lymph Nodes Eval is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

**CS Lymph Nodes Eval, Nodes Ex (CS)**

If schema is Breast schema:

1. If CS Lymph Nodes = 255, 257, 510, 610, 735, or 810, then CS Lymph Nodes Eval must = 0, 1, 5, or 9.
2. If CS Lymph Nodes = 050, 130, 150, 155, 250, 258, 520, 620, 710, 720, 730, or 815, then CS Lymph Nodes Eval must = 2, 3, 6, or 8.

***Administrative Notes***

New edit - added to NAACCR v11.3A metafile.

In the SEER\*Edits software, the title of this edit is: IF213

**Modifications:****NAACCR v12.0:**

- Edit name changed from 'CS Reg Nodes Eval, Lymph Nodes, Breast Schema(CS)' to 'CS Lymph Nodes Eval, Lymph Nodes, Breast Schema(CS)'.
- Data item name changed from 'CS Reg Nodes Eval' to 'CS Lymph Nodes Eval'
- Edit modified to get schema name from function call to CS dll.
- Edit was modified to check 3-digit CS Lymph Nodes codes (per CSv2) instead of 2-digit CSv1 codes. Also added code '255'.

**NAACCR v12.1:**

- Updated logic to match Note 6 which replaced Note 5.  
Changed logic from:
  1. If CS Lymph Nodes Eval = 0, 1, 5, or 9, then CS Lymph Nodes must = 000, 255, 260, 290, 510, 600, 740, 750, 760, 770, 780, 790, 800, and 999.
  2. If CS Lymph Nodes Eval = 2, 3, 6, or 8, then CS Lymph Nodes must not = 290 or 510.To:
  1. If CS Lymph Nodes = 255, 257, 510, 610, 735, or 810, then CS Lymph Nodes Eval must = 0, 1, 5, or 9.
  2. If CS Lymph Nodes = 050, 130, 150, 155, 250, 258, 520, 620, 710, 720, 730, or 815, then CS Lymph Nodes Eval must = 2, 3, 6, or 8.

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**NAACCR v18**

- Name changed, space before (CS), parenthesis added at end

**CS Lymph Nodes Eval, Nodes Ex (CS)**

**Agency:** CS

**Last changed:** 02/07/2018 22:11:11

**Edit Tag** N1950

**CS Lymph Nodes Eval, Nodes Ex (CS)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes Eval is blank
2. Regional Nodes Examined is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland.
4. CS schema is invalid
5. CS schema is Appendix, CarcinoidAppendix, Colon, GISTAppendix, GISTColon, GISTRectum, LymphomaOcularAdnexa, MelanomaSkin, MerkelCellSkin, MerkelCellPenis, MerkelCellVulva, MerkelCellScrotum, NetColon, NETRectum, Rectum, Retinoblastoma

If CS Lymph Nodes Eval = 3, 5, or 6, then Regional Nodes Examined must not = 00 (No nodes were examined).

**Note:**

CS Lymph Nodes Eval code 3 = Regional lymph nodes removed for examination (removal of at least 1 lymph node) WITHOUT pre-surgical systemic treatment or radiation OR lymph nodes removed for examination, unknown if pre-surgical systemic treatment or radiation performed.

CS Lymph Nodes Eval code 5 = Regional lymph nodes removed for examination WITH pre-surgical systemic treatment or radiation, BUT lymph node evaluation based on clinical evidence.

CS Lymph Nodes Eval code 6 = Regional lymph nodes removed for examination WITH pre-surgical systemic treatment or radiation, and lymph node evaluation based on pathologic evidence.

***Administrative Notes***

New edit - added to NAACCR v11.3 metafile.

In the SEER\*Edits software, the title of this edit is: IF201

**Modifications:****NAACCR v12.0**

- Edit name changed from 'CS Reg Nodes Eval, RX Summ--Scope, Nodes Ex (CS)' to 'CS Lymph Nodes Eval, RX Summ--Scope, Nodes Ex (CS)'
- Data item name changed from 'CS Reg Nodes Eval' to 'CS Lymph Nodes Eval'
- Modified to get schema name from function call to CS dll.
- Skipped if CS schema is Appendix, CarcinoidAppendix, Colon, GISTAppendix, GISTColon, GISTRectum, LymphomaOcularAdnexa, MelanomaSkin, MerkelCellSkin, MerkelCellPenis, MerkelCellVulva, MerkelCellScrotum, NetColon, NETRectum, Rectum, Retinoblastoma.

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Lymph Nodes Eval, Schema (CS)**

NAACCR v14A

- Edit name changed from 'CS Lymph Nodes Eval, RX Summ--Scope, Nodes Ex (CS)' to 'CS Lymph Nodes Eval, Nodes Ex (CS)'
- Edit modified to no longer require RX Summ--Scope Reg LN Sur to not equal 0 when CS Lymph Nodes Eval = 3, 5, or 6. RX Summ--Scope Reg LN Surg no longer checked at all.

**CS Lymph Nodes Eval, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1175****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Lymph Nodes Eval is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes Eval, Primary Site, or Histologic Type ICD-O-3 is blank.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Lymph Nodes Eval is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS Lymph Nodes Eval, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER\*Edits software, the title of this edit is: IF230

***Modifications***

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Lymph Nodes, IntracranialGland Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1346****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
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**CS Lymph Nodes, Lymph Nodes Eval, RNP (CS)**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is empty
2. CS schema is not IntracranialGland

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is IntracranialGland:

CS Lymph Nodes must = 988 (Not applicable) or 999 (OBSOLETE DATA RETAINED V0200; Unknown; not stated).

**Administrative Notes**

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF317

**Modifications**

NAACCR v13A

Added SEER IF number (IF317)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Lymph Nodes, Lymph Nodes Eval, RNP (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1803

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2010
2. CS Lymph Nodes is blank
3. CS Lymph Nodes Eval is blank
4. Regional Nodes Positive is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

**CS Lymph Nodes, Lymph Nodes Eval, RNP (CS)**

This edit is skipped for the following schemas where something other than regional nodes is also coded in CS Lymph Nodes:

LymphomaOcularAdnexa - distant nodes also coded in CS Lymph Nodes  
 Retinoblastoma - distant nodes also coded in CS Lymph Nodes  
 MelanomaSkin - satellite nodules also coded in CS Lymph Nodes  
 MerkelCellPenis - satellite nodules also coded in CS Lymph Nodes  
 MerkelCellScrotum - satellite nodules also coded in CS Lymph Nodes  
 MerkelCellSkin - satellite nodules also coded in CS Lymph Nodes  
 MerkelCellVulva - satellite nodules also coded in CS Lymph Nodes

This edit is also skipped for the following schemas for certain CS Lymph Nodes codes that indicate something other than regional nodes is coded in CS Lymph Nodes:

Breast and CS Lymph Nodes = 050 (individual tumor cells coded in CS Lymph Nodes)  
 EsophagusGEJunction and CS Lymph Nodes = 100 (tumor deposits coded in CS Lymph Nodes)  
 Stomach and CS Lymph Nodes = 100 or 110 (tumor deposits coded in CS Lymph Nodes)  
 Colon and CS Lymph Nodes = 050 (tumor deposits coded in CS Lymph Nodes)  
 Rectum and CS Lymph Nodes = 050 (tumor deposits coded in CS Lymph Nodes)  
 NETStomach and CS Lymph Nodes = 050 or 100 (nodules in perigastric fat coded in CS Lymph Nodes)  
 NETColon and CS Lymph Nodes = 050 or 100 (nodules in pericolic fat coded in CS Lymph Nodes)  
 NETRectum and CS Lymph Nodes = 050 or 100 (nodules in perirectal fat coded in CS Lymph Nodes)  
 GISTAppendix and CS Lymph Nodes = 050 or 100 (nodules in pericolic fat coded in CS Lymph Nodes)  
 GISTStomach and CS Lymph Nodes = 050 or 100 (nodules in perigastric fat coded in CS Lymph Nodes)  
 GISTColon and CS Lymph Nodes = 050 or 100 (nodules in pericolic fat coded in CS Lymph Nodes)  
 GISTRectum and CS Lymph Nodes = 050 or 100 (nodules in perirectal fat coded in CS Lymph Nodes)

If CS Lymph Nodes is not = 000 (no regional lymph node involvement)  
 or 999 (unknown)

AND CS Lymph Nodes Eval = 3 or 6 (codes indicating pathologic eval)  
 THEN

Regional Nodes Positive must not = 00 (all nodes examined negative) or  
 98 (no nodes examined)

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER\*Edits software, the title of this edit is: IF456

Modifications:

NAACCR v15

- Modified to skip for additional Schema/CS Lymph Nodes code combinations for which CS Lymph Nodes code indicates something other than regional nodes: codes 050 and 100 for NetStomach, NetColon, NetRectum, GISTAppendix, GISTStomach, GISTColon, GISTRectum schemas

## CS Lymph Nodes, MyelomaPlasmaCellDisorder (CS)

**CS Lymph Nodes, MyelomaPlasmaCellDisorder (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1380***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that the data item CS Lymph Nodes is coded properly for the MyelomaPlasmaCellDisorder schema. The schema includes histologies 9731, 9732, and 9734, but some of the Lymph Nodes codes apply only to a subset of the three histologies.

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is empty
2. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If schema is MyelomaPlasmaCellDisorder:

1. The CS Lymph Nodes values of 000 (For extraosseous plasmacytomas (9734) only: No regional lymph node involvement), 100 (For extraosseous plasmacytomas (9734) only: Regional lymph node metastasis), and 999 (unknown) are allowed only for Histologic Type ICD-O-3 codes 9734 (Plasmacytoma, extramedullary).
2. The CS Lymph Nodes value of 987 (Not applicable) is allowed only for 9731 (Plasmacytoma, NOS) and 9732 (Multiple myeloma).

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF347

**Modifications**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Lymph Nodes, Nodes Pos, ColoAppRectal (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1060

**CS Lymph Nodes, Nodes Pos, MelanomaSkin (CS)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The number of positive regional nodes is required to calculate the correct N category for this schema. Use codes 400-480 when the pathology report assigns an N1 or N2 category but does not specify the number of nodes involved, or the record identifies an N1 or N2 category but the specific information about number of nodes involved is not available. Use codes 110-300 rather than codes 400-480 when information about the number of positive nodes is available, or when nodes are clinically positive but not removed for examination." The actual number of involved nodes will be coded in Reg LN Pos."

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is blank
2. Regional Nodes Positive is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema number is returned.

For cases using the Colon, Appendix, or Rectum schemas:

If Regional Nodes Positive = 01 - 90 (number of positive nodes are known), CS Lymph Nodes must not = 400, 410, 420, 430, 450, 460, 470, 480.

If CS Lymph Nodes = 400, 410, 420, 430, 450, 460, 470, 480, then Regional Nodes Positive must = 95 (positive aspiration of lymph node(s) was performed) or 97 (Positive nodes are documented, but the number is unspecified).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF260

Modifications:

NAACCR v12.1:

- Added codes 430 and 480 to list of CS Lymph Nodes for which Regional Nodes Positive must = 95 or 97.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Lymph Nodes, Nodes Pos, MelanomaSkin (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N2361

**CS Lymph Nodes, Nodes Pos, MerkelCell Schemas (CS)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to compare CS Lymph Nodes and Regional Nodes Positive for cases coded using the MelanomaSkin schema.

If schema is MelanomaSkin:

1. If CS Lymph Nodes = 122, 123, 124, 152, 153, or 158 (evaluated pathologically) then  
Regional Nodes Positive must not = 00 or 98 (codes indicating no nodes positive pathologically)

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is empty
2. Regional Nodes Positive is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

In the SEER\*Edits software, the title of this edit is: IF355

**Modifications**

NAACCR v12.2:

- Edit name changed from "CS Lymph Nodes, SSF3, RNP, MelanomaSkin (CS)" to "CS Lymph Nodes, Nodes Pos, MelanomaSkin (CS)".
- Edit re-worked to incorporate new codes and logic; CS SSF 3 logic deleted.

NAACCR v13A:

- Edit logic updated to include CS Lymph Nodes code 153 in list of codes indicating "evaluated pathologically". (Edit description was already correct.)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**CS Lymph Nodes, Nodes Pos, MerkelCell Schemas (CS)**

Agency: CS

Last changed: 04/16/2018 12:29:34

Edit Tag N1580

EditWriter 5

277

10/17/2019 02:45 PM

**CS Lymph Nodes, Nodes Pos, MerkelCell Schemas (CS)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to compare CS Lymph Nodes and Regional Nodes Positive for cases coded using the MerkelCell schemas.

If CS schema is MerkelCellScrotum, MerkelCellSkin, MerkelCellPenis, or MerkelCellVulva:

1. If CS schema is MerkelCellScrotum or MerkelCellSkin:
  - then
    - If CS Lymph Nodes = 320, 340, 350 (evaluated pathologically)
      - then
        - Regional Nodes Positive must not = 00 or 98 (codes indicating no nodes positive pathologically)
2. If CS schema is MerkelCellPenis:
  - then
    - If CS Lymph Nodes = 120, 140, 150 (evaluated pathologically)
      - then
        - Regional Nodes Positive must not = 00 or 98
3. If CS schema is MerkelCellVulva:
  - then
    - If CS Lymph Nodes = 115, 120, 125 (evaluated pathologically)
      - then
        - Regional Nodes Positive must not = 00 or 98

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is empty
2. Regional Nodes Positive is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v12.2 metafile.

In the SEER\*Edits software, the title of this edit is: IF381

Modifications:

NAACCR v12.2C:

**CS Lymph Nodes, Nodes Pos, SSF 3, Breast Schema (CS)**

- Although the edit description was correct, the actual logic was missing some brackets, causing the edit to fail when it should pass.

The brackets have been added.

## NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

## NAACCR v18

- Name changed, space before (CS)

**CS Lymph Nodes, Nodes Pos, SSF 3, Breast Schema (CS)**

Agency: CS

Last changed: 04/08/2018 12:53:44

*Edit Tag N0899*

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes, CS Site-Specific Factor 3, or Regional Nodes Positive is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

If CS Lymph Nodes = 050 (none, no regional lymph nodes but with ITCs detected on routine H and E stains), then Regional Nodes Positive must = 00 (all nodes examined negative) and CS Site-Specific Factor 3 must = 000 (all ipsilateral nodes examined negative).

If CS Lymph Nodes = 710, 730, 735, 740, 745, 764, or 770 (internal mammary without axillary nodes), then CS Site-Specific Factor 3 must not be 001-097 (axillary nodes positive).

If CS Site-Specific Factor 3 = 001-097 (positive nodes), then  
CS Lymph Nodes must not = 000, 710, 730, 735, 740, 745, 764, or 770.

If CS Site-Specific Factor 3 = 000-089 and Regional Nodes Positive = 00-89 then  
CS Site-Specific Factor 3 must be less than or = Regional Nodes Positive.

**CS Lymph Nodes, Nodes Pos, SSF 3, Breast Schema (CS)*****Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF188

**MODIFICATIONS:**

NAACCR v11.2

7/2007

The following logic was added:

If CS Lymph Nodes = 71, 73, 74, 77, or 78 (internal mammary without axillary nodes), then CS Site-Specific Factor 3 must not be 001-097 (axillary nodes positive).

This edit was also modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

- Edit was modified to check CS Lymph Nodes codes (per CSv2) of 050, 710, 730, 740, 770, and 780 instead of CSv1 codes of 05, 71, 73, 74, 77, and 78.

NAACCR v12.1

- Changed:

If CS Lymph Nodes = 710, 730, 740, 770, or 780 (internal mammary without axillary nodes), then CS Site-Specific Factor 3 must not be 001-097 (axillary nodes positive).

To:

If CS Lymph Nodes = 710, 730, 735, 740, 745, 764, or 770 (internal mammary without axillary nodes), then CS Site-Specific Factor 3 must not be 001-097 (axillary nodes positive).

Added:

If CS Site-Specific Factor 3 = 000-089 and Regional Nodes Positive = 00-89, then CS Site-Specific Factor 3 must be less than or = Regional Nodes Positive.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Name changed, space between SSF and 3, space before (CS)



## CS Lymph Nodes, Regional Nodes Positive (CS)

**CS Lymph Nodes, Regional Nodes Positive (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N0784***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes or Regional Nodes Positive is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

If Regional Nodes Positive = 01-97, then CS Lymph Nodes cannot = 000.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF158

**Modifications:**

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0:

- Edit was modified to check 3-digit CS Lymph Nodes codes (per CSv2) instead of 2-digit CSv1 codes.
- Error message corrected.
- Edit modified to get schema name from function call to CS dll.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Lymph Nodes, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1163

**CS Lymph Nodes, SSF 1, Head/Neck Schemas (CS)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Lymph Nodes is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Lymph Nodes is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Note: This edit does not check for obsolete codes. Obsolete codes for CS Extension are edited by "Obsolete Codes - CS Lymph Nodes (SEER IF147)".

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS Lymph Nodes, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER\*Edits software, the title of this edit is: IF229

***Modifications***

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Lymph Nodes, SSF 1, Head/Neck Schemas (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N0703

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

**CS Lymph Nodes, SSF 1, Head/Neck Schemas (CS)**

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

This edit is skipped if CS schema is NOT one of the following Head and Neck schemas:

BuccalMucosa  
 EpiglottisAnterior  
 FloorMouth  
 GumLower  
 GumOther  
 GumUpper  
 Hypopharynx  
 LarynxGlottic  
 LarynxOther  
 LarynxSupraglottic  
 LarynxSubglottic  
 LipLower  
 LipOther  
 LipUpper  
 MelanomaLipUpper  
 MelanomaLipLower  
 MelanomaLipOther  
 MelanomaTongueAnterior  
 MelanomaGumUpper  
 MelanomaGumLower  
 MelanomaGumOther  
 MelanomaFloorMouth  
 MelanomaPalateHard  
 MelanomaMouthOther  
 MelanomaBuccalMucosa  
 MelanomaTongueBase  
 MelanomaPalateSoft  
 MelanomaOropharynx  
 MelanomaNasopharynx  
 MelanomaHypopharynx  
 MelanomaPharynxOther  
 MelanomaEpiglottisAnterior  
 MelanomaLarynxGlottic  
 MelanomaLarynxSupraglottic  
 MelanomaLarynxSubglottic  
 MelanomaLarynxOther  
 MelanomaNasalCavity  
 MelanomaSinusMaxillary  
 MelanomaSinusEthmoid  
 MelanomaSinusOther  
 MiddleEar  
 MouthOther  
 NasalCavity  
 Nasopharynx  
 Oropharynx  
 PalateHard  
 PalateSoft  
 ParotidGland  
 PharyngealTonsil  
 PharynxOther  
 SalivaryGlandOther

**CS Lymph Nodes, SSF 3, Nodes Eval, MelanomaSkin (CS)**

SinusEthmoid  
SinusMaxillary  
SinusOther  
SubmandibularGland  
TongueAnterior  
TongueBase

If CS Lymph Nodes not = 000 (none) or 999 (unknown, not stated), then CS Site-Specific Factor 1 must not = 000 (No involved regional nodes).

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF128

**Modifications:**

NAACCR v11.2  
8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3  
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0:  
- Edit modified to get schema name from function call to CS dll.  
- Length of CS Lymph Nodes changed from 2 to 3 characters.  
- Additional Head and Neck schemas added.

NAACCR v14  
- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Lymph Nodes, SSF 3, Nodes Eval, MelanomaSkin (CS)**

Agency: CS

Last changed: 07/21/2018 16:37:20

*Edit Tag* N0964

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to compare CS Lymph Nodes, CS Site-Specific 3, and CS Lymph Nodes Eval for cases coded using the Melanoma of Skin Schema.

**CS Lymph Nodes, SSF 3, Nodes Eval, MelanomaSkin (CS)**

If schema is MelanomaSkin:

1. If CS Site-Specific Factor 3 = 000 or 005 (see definitions below)  
then  
CS Lymph Nodes must not = 121 or 128 (codes that indicate case evaluated clinically)
2. If CS Lymph Nodes = 121 or 128 (codes that indicate case evaluated clinically)  
then  
CS Lymph Nodes Eval must = 0, 1, 5 (codes that indicate case does not meet criteria for AJCC pathological stage) or 9 (unknown)
3. If CS Lymph Nodes = 122, 123, 124, 152, 153, or 158 (codes that indicate case was evaluated pathologically)  
then  
CS Lymph Nodes Eval must = 2, 3, 6, 8 (codes that indicate case meets requirement for AJCC pathologic staging) or 9 (unknown)
4. If CS Site-Specific Factor 3 = 020, 043, 045, 048, 050, 100, or 150 (codes indicating 'clinically apparent')  
then  
CS Lymph Nodes Eval must not = 8 (diagnosed at autopsy)

```
*****
CS Site-Specific Factor 3 definitions for codes 000 and 005:
000 = OBSOLETE DATA RETAINED V0204
      No lymph node metastasis
005 = Clinically negative lymph node metastasis
      AND
      No pathologic examination performed
      Or unknown if pathologic examination performed
      Or nodes negative on pathologic examination
*****
```

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is empty
2. CS Site-Specific Factor 3 is empty or = 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v11.3A metafile.

In the SEER\*Edits software, the title of this edit is: IF216

Modifications:

NAACCR v12.0:

**CS Lymph Nodes, SSF 3, Nodes Eval, MerkelCell (CS)**

- Edit name changed from "CS Lymph Nodes, SSF3, Nodes Eval, Melanoma(CS)" to "CS Lymph Nodes, SSF3, Nodes Eval, MelanomaSkin(CS)".
- Changed data item name CS Reg Nodes Eval to CS Lymph Nodes Eval.
- Edit modified to get schema name from function call to CS dll.
- Length of CS Lymph Nodes changed from 2 to 3 characters.

**NAACCR v12.1:**

- Modified so that edit is also skipped if CS Site-Specific Factor 3 is 988.
- Added code 154 to list of CS Lymph Node codes for which CS Site-Specific Factor 3 must = 000.
- Changed checks for CS Site-Specific Factor 3 code of 001 to 010 and 002 to 020 per conversion specifications.

**NAACCR v12.2:**

- Re-worked to incorporate new codes and logic.

**NAACCR v12.2C:**

- Although the edit description was correct, there were errors in the corresponding logic. The following corrections were made to the edit logic:

**1. Changed from:**

If not CS Site-Specific Factor 3 = 000 or 005, then CS Lymph Nodes must not = 121 or 128

To:

If CS Site-Specific Factor 3 = 000 or 005, then CS Lymph Nodes must not = 121 or 128

**2. Logic changed to allow CS Lymph Nodes Eval code 9 when CS Lymph Nodes = 121, 122, 123, 124, 128, 152, 153, 158****NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**NAACCR v18**

- Name changed, space between SSF and 3, space before (CS)

**CS Lymph Nodes, SSF 3, Nodes Eval, MerkelCell (CS)**

Agency: CS

Last changed: 07/21/2018 16:40:27

Edit Tag N1371

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

The purpose of this edit is to compare CS Lymph Nodes, CS Site-Specific 3, and CS Lymph Nodes Eval for cases coded using the MerkelCellScrotum, MerkelCellSkin, MerkelCellPenis, and MerkelCellVulva schemas.

**CS Lymph Nodes, SSF 3, Nodes Eval, MerkelCell (CS)**

If CS schema is MerkelCellScrotum, MerkelCellSkin, MerkelCellPenis, or MerkelCellVulva:

1. If CS schema is MerkelCellScrotum or MerkelCellSkin:
  - A. If CS Site-Specific Factor 3 = 000 or 005 (see definitions below)  
then  
CS Lymph Nodes must = 000, 390, or 400, indicating no lymph node mets.
  - B. If CS Lymph Nodes = 310 (evaluated clinically)  
then  
CS Lymph Nodes Eval must = 0, 1, 5 (codes that indicate case does not meet criteria for AJCC pathological stage) or 9 (unknown)
  - C. If CS Lymph Nodes = 320, 340, 350 (codes that indicate case was evaluated pathologically)  
then  
CS Lymph Nodes Eval must = 2, 3, 6, 8 (codes that indicate case meets requirement for AJCC pathologic staging) or 9 (unknown)
  - D. If CS Site-Specific Factor 3 = 020 (clinically apparent)  
then  
CS Lymph Nodes Eval must not = 8 (diagnosed at autopsy)
2. If CS schema is MerkelCellPenis:
  - A. If CS Site-Specific Factor 3 = 000 or 005 (see definitions below)  
then  
CS Lymph Nodes must = 000, 410, 420, indicating no lymph node mets.
  - B. If CS Lymph Nodes = 110 (evaluated clinically)  
then  
CS Lymph Nodes Eval must = 0, 1, 5 (codes that indicate case does not meet criteria for AJCC pathological stage) or 9 (unknown)
  - C. If CS Lymph Nodes = 120, 140, 150 (codes that indicate case was evaluated pathologically)  
then  
CS Lymph Nodes Eval must = 2, 3, 6, 8 (codes that indicate case meets requirement for AJCC pathologic staging) or 9 (unknown)
  - D. If CS Site-Specific Factor 3 = 020 (clinically apparent)  
then  
CS Lymph Nodes Eval must not = 8 (diagnosed at autopsy)
3. If CS schema is MerkelCellVulva:
  - A. If CS Site-Specific Factor 3 = 000 or 005 (see definitions below)  
then  
CS Lymph Nodes must = 000, 510, 520, indicating no lymph node mets.
  - B. If CS Lymph Nodes = 114 (evaluated clinically)  
then  
CS Lymph Nodes Eval must = 0, 1, 5 (codes that indicate case does not meet criteria for AJCC pathological stage) or 9 (unknown)

**CS Lymph Nodes, SSF 3, Nodes Eval, MerkelCell (CS)**

C. If CS Lymph Nodes = 115, 120, 125 (codes that indicate case was evaluated pathologically)  
 then  
     CS Lymph Nodes Eval must = 2, 3, 6, 8 (codes that indicate case meets requirement for AJCC pathologic staging) or 9 (unknown)

D. If CS Site-Specific Factor 3 = 020 (clinically apparent)  
 then  
     CS Lymph Nodes Eval must not = 8 (diagnosed at autopsy)

```
*****
CS Site-Specific Factor 3 definitions for codes 000 and 005:
000 = OBSOLETE DATA RETAINED V0204
      No lymph node metastasis
005 = Clinically negative lymph node metastasis
      AND
      No pathologic examination performed
      Or unknown if pathologic examination performed
      Or nodes negative on pathologic examination
*****
```

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 3 is blank or 988
2. CS Lymph Nodes is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF319

**Modifications****NAACCR v12.2**

- Edit name changed from "CS SSF 3, MerkelCell Schemas (CS)" to "CS Lymph Nodes, SSF3, Nodes Eval, MerkelCell(CS)".
- Re-worked to incorporate new codes and logic.

**NAACCR v12.2C:**

- Logic changed to allow CS Lymph Nodes Eval code 9 when editing CS Lymph Nodes Eval codes against CS Lymph Nodes codes;
- description was already correct.

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added



**CS Lymph Nodes, SSF 4, 5, Breast Schema (CS)**

NAACCR v18

- Name changed, space between SSF and 3

**CS Lymph Nodes, SSF 4, 5, Breast Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N0704***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

If CS Lymph Nodes = 000, then both CS Site-Specific Factor 4 and CS Site-Specific Factor 5 must not = 987 (not applicable; CS Lymph Nodes not coded 000)

If CS Lymph Nodes not = 000, then both CS Site-Specific Factor 4 and CS Site-Specific Factor 5, if not blank, must = 987 or 988 (not applicable: information not collected for this case)

**Notes:**

CS Lymph Nodes 000 =

None; no regional lymph node involvement, or ITCs detected by immunohistochemistry or molecular methods ONLY

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF129

**Modifications:**

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

**CS Mets at DX (CS)**

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

- Edit was modified to check CS Lymph Nodes codes (per CSv2) of 000, 740, and 770 instead of CSv1 codes of 00, 74, and 77.

NAACCR v12C

- The following logic was changed from:

"If CS Lymph Nodes not = 000, then both CS Site-Specific Factor 4 and CS Site-Specific Factor 5, if not blank, must = 987"

To:

"If CS Lymph Nodes not = 000 or 050, then both CS Site-Specific Factor 4 and CS Site-Specific Factor 5, if not blank, must = 987 or 988"

NAACCR v12.1

- Edit name changed from "CS Lymph Nodes, SSF 3,4,5, Breast Schema (CS)"

to "CS Lymph Nodes, SSF 4,5, Breast Schema (CS)" since SSF 3 is no longer used in this edit.

The following logic was changed from:

-"If CS Lymph Nodes not = 000 or 050, then both CS Site-Specific Factor 4 and CS Site-Specific Factor 5, if not blank, must = 987"

To:

"If CS Lymph Nodes not = 000, then both CS Site-Specific Factor 4 and CS Site-Specific Factor 5, if not blank, must = 987 or 988"

Deleted:

If CS Site-Specific Factor 3 = 001-097 (positive nodes), then  
CS Lymph Nodes must not = 000, 740, or 770.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Mets at DX (CS)**

Agency: CS

Last changed: 09/28/2003

*Edit Tag* N0658

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**CS Mets at DX, Lung, Laterality (CS)****Description**

Must be a valid two-digit number (00-99) or blank.

**CS Mets at DX, Lung, Laterality (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N0962

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

Purpose: This edit verifies that, for lung cases, if bilateral involvement, then CS Mets at DX is coded to bilateral as well.

This edit is skipped if any of the following conditions is true:

1. CS Mets at DX is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

If schema is Lung:

If Laterality = 4 (Bilateral involvement), then CS Mets at DX must = 23, 25, 26, 36, 38, 40, 41, 42, 43, 50, 51, 52, 53, 70, or 75.

Per the multiple primary rules, involvement of diffuse bilateral nodules "is the only condition when laterality = 4."

**Administrative Notes**

New edit - added to NAACCR v11.3A metafile.

In the SEER\*Edits software, the title of this edit is: IF217

**Modifications****NAACCR v12.0:**

- Edit modified to get schema name from function call to CS dll.
- Codes 23, 25, 26, 37, 42, 43, 51, 52, 53, 70, and 75 were added to CS Mets at DX codes that indicate involvement of contralateral lung.

**NAACCR v12.1:**

- Edit modified to get schema name from function call to CS dll.
- Codes 36 and 38 were added to CS Mets at DX codes that indicate involvement of contralateral lung.

**NAACCR v12.2**

- Added new CS Mets at DX code 41 to list of codes indicating bilateral involvement.
- Removed CS Mets at DX code 37 from list of codes indicating bilateral involvement.

**CS Mets at DX, Schema (CS)**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Mets at DX, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1164***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Mets at DX is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Mets at DX, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Mets at DX is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

Note: This edit does not check for obsolete codes. Obsolete codes for CS Extension are edited by "Obsolete Codes - CS Mets at DX (SEER IF148)".

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS Mets at DX, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER\*Edits software, the title of this edit is: IF231

***Modifications***

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Mets Eval (CS)**

Agency: CS

Last changed: 06/23/2008

*Edit Tag* N0661***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
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**CS Mets Eval, Mets at DX, CS Version Inp Orig (CS)**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

Must be a valid CS Mets Eval code (0-3,5,6,8,9) or blank.

**Administrative Notes**

Modifications:

NAACCR v11.3

01/08

- Code 4 was removed from the list of allowable codes.

**CS Mets Eval, Mets at DX, CS Version Inp Orig (CS)**

Agency: CS

Last changed: 03/04/2010

Edit Tag N0945

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit is skipped if either CS Mets Eval or CS Mets at DX are blank.  
It is also skipped if CS Version Input Original is less than 010400 (version 01.04).

If CS Mets Eval = 2, 3 or 6, then CS Mets at DX cannot = 00 (none).

Note:

CS Mets Eval code 2 = No pathologic examination of metastatic tissue done prior to death, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy).

CS Mets Eval code 3 = Pathologic examination of metastatic tissue performed WITHOUT pre-surgical systemic treatment or radiation OR pathologic examination of metastatic tissue performed, unknown if presurgical systemic treatment or radiation performed.

CS Mets Eval code 6 = Pathologic examination of metastatic tissue performed WITH pre-surgical systemic treatment or radiation, BUT metastasis based on pathologic evidence.

**Administrative Notes**

New edit - added to NAACCR v11.3 metafile.

In the SEER\*Edits software, the title of this edit is: IF209

**CS Mets Eval, Schema (CS)****Modifications**

NAACCR v12.0:

- Edit name changed from "CS Mets Eval, CS Mets at DX, CS Version 1st (CS)" to "CS Mets Eval, Mets at DX, CS Version Inp Orig (CS)"
- Field "CS Version 1st" changed to "CS Version Input Original"

**CS Mets Eval, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1176***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Mets Eval is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Mets Eval, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Mets Eval is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS Mets Eval, Primary Site, Histo ICDO3 (NAACCR)'

In the SEER\*Edits software, the title of this edit is: IF232

**Modifications**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Over-ride CS 20, Class of Case (MCR)**

Agency: NONE

Last changed: 12/21/2018 14:37:46

*Edit Tag* MA2515

**CS Over-ride CS 20, Date of Dx (NPCR/MCR)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Note: NPCR discontinued use of Over-ride CS 20 for diagnosis year 2016.

Over-ride CS 20 [3769] has been designated as a special-purpose flag to identify cases where SEER Summary Stage 2000 [NAACCR data item 759] is directly coded and reported in lieu of Derived SS2000 [NAACCR data item 3020], in accordance with the 2012 NPCR reporting requirements. The Over-ride CS 20 value of "1", set by the user, identifies a record with NAACCR data item 759 used to report Summary Stage 2000 as permitted by NPCR requirements only; Over-ride CS 20 is left blank for all other cases.

Codes for Over-ride CS 20:

1 = Directly coded SEER Summary Stage 2000 [759] used to report Summary Stage and Derived Summary Stage 2000 [3020] must be blank

Blank = Derived Summary Stage 2000 [3020] reported using the Collaborative Stage Data Collection System or case diagnosed prior to 2012

If Class of Case is analytic (00-22), then Over-ride CS 20 must be blank.

***Administrative Notes***

MCR-only edit new in 12.2. Beginning with 2004 diagnoses, we allow the directly-coded Summary Stage option for non-analytic cases. (Diagnosis year is checked in a standard edit.)

Year changed from 2012 to 2004 as of v13A when NPCR decided to allow the option back to 2004 for all Type of Reporting Source except 1, 2, 8.

CS Over-ride 20 is no longer applicable for 2016 diagnoses and forward as CS derivations were discontinued for NPCR. This is checked by another edit.

**CS Over-ride CS 20, Date of Dx (NPCR/MCR)**

Agency: NONE

Last changed: 12/21/2018 14:38:06

Edit Tag MA2516

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Over-ride CS 20 [3769] has been designated as a special-purpose flag to identify cases where SEER Summary Stage 2000 [NAACCR data item 759] is directly coded and reported in lieu of Derived SS2000 [NAACCR data item 3020], in accordance with the 2012 NPCR reporting requirements. The Over-ride CS 20 value of "1", set by the user, identifies a record with NAACCR data item 759 used to report Summary Stage

**CS Over-ride CS 20, Rpt Srce, Flds (NPCR/MCR)**

2000 as permitted by NPCR requirements only; Over-ride CS 20 is left blank for all other cases.

Codes for Over-ride CS 20:

1 = Directly coded SEER Summary Stage 2000 [759] used to report Summary Stage and Derived Summary Stage 2000 [3020] must be blank

Blank = Derived Summary Stage 2000 [3020] reported using the Collaborative Stage Data Collection System or case diagnosed prior to 2012

If year of Date of Diagnosis is less than 2012 or is blank, then Over-ride CS 20 must be blank EXCEPT for the types of reporting source listed below for which Over-ride CS 20 may be populated for cases beginning with a diagnosis year of 2004.

Type of Reporting Source

- 3 (laboratory only)
- 4 (physician's office)
- 5 (nursing home)
- 6 (autopsy only)
- 7 (death certificate only)

If year of Date of Diagnosis is 2016 or later then Over-ride CS 20 must be blank.

MCR modification: Use Class of Case 38-49 instead of Type of Reporting Source for records received at MCR. MCR generates Type of Reporting Source and does not collect it.

***Administrative Notes***

New edit - added to NAACCR v12.2 metafile.

Modifications:

NAACCR v13

- Edit modified to allow Over-ride CS 20 to be entered for cases diagnosed 2004 and later if Type of Reporting Source = 3-7.

MCR modification uses Class of Case 38-49.

**CS Over-ride CS 20, Rpt Srce, Flds (NPCR/MCR)**

Agency: NONE

Last changed: 12/21/2018 14:38:24

*Edit Tag* MA2517

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Note: NPCR discontinued use of Over-ride CS 20 for diagnosis year 2016.

Background:

EditWriter 5



**CS Over-ride CS 20, Rpt Srce, Flds (NPCR/MCR)**

For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is recorded in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but only a few are required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Beginning with the NAACCR v13 metafile, Over-ride CS 20 may also be set to '1' for the types of reporting source 3-7 (listed below) for cases with a diagnosis year of 2004 or later. All CS input fields may be left blank; however, if any are entered, then the CS input version fields and SSF 25 must also be entered because accurate editing of the individual CS input fields is often based on CS schema and version information.

## Type of Reporting Source

- 3 (laboratory only)
- 4 (physician's office)
- 5 (nursing home)
- 6 (autopsy only)
- 7 (death certificate only)

Another edit, 'CS Over-ride CS 20, Date of Diagnosis (NPCR)', verifies that Over-ride CS 20 is populated correctly based on year of Date of Diagnosis and Type of Reporting Source.

This edit verifies, for cases with Over-ride CS 20 of '1' and Type of Reporting Source 3-7, that CS SSF 25 and version fields are entered whenever any other CS input fields are populated.

MCR Modification: uses Class of Case 38-49 instead of Type of Reporting Source 3-7

## Logic:

If Over-ride CS 20 is '1' and Class of Case = 38-49, all CS input items may be left blank. If ANY CS input items (see List of CS Input Data Items for This Edit below) are entered, then the following additional CS items must be entered:

- CS Version Input Original
- CS Version Input Current
- CS Site-Specific Factor25

## List of CS Input Data Items for this Edit

-----  
CS Extension

- CS Tumor Size
- CS Tumor Size/Ext Eval
- CS Lymph Nodes
- CS Lymph Nodes Eval
- CS Mets at DX
- CS Mets Eval
- CS Site-Specific Factor 1
- CS Site-Specific Factor 2
- CS Site-Specific Factor 3
- CS Site-Specific Factor 4
- CS Site-Specific Factor 5
- CS Site-Specific Factor 6
- CS Site-Specific Factor 7

**CS Reg Nodes Ex, Pos, Site, Hist ICDO3, Report (CS)**

CS Site-Specific Factor 8  
 CS Site-Specific Factor 9  
 CS Site-Specific Factor10  
 CS Site-Specific Factor11  
 CS Site-Specific Factor12  
 CS Site-Specific Factor13  
 CS Site-Specific Factor14  
 CS Site-Specific Factor15  
 CS Site-Specific Factor16  
 CS Site-Specific Factor17  
 CS Site-Specific Factor18  
 CS Site-Specific Factor19  
 CS Site-Specific Factor20  
 CS Site-Specific Factor21  
 CS Site-Specific Factor22  
 CS Site-Specific Factor23  
 CS Site-Specific Factor24

***Administrative Notes***

New edit - added to NAACCR v13 metafile.

13A: MCR version using Class

v16: added note that O-R CS 20 is no longer used for 2016+ diagnoses.

**CS Reg Nodes Ex, Pos, Site, Hist ICDO3, Report (CS)**

Agency: CS

Last changed: 05/16/2018 23:20:45

*Edit Tag* N1321

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2004, greater than 2017, blank, or invalid
2. Regional Nodes Examined or Regional Nodes Positive is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
4. CS schema is invalid

If Death Certificate only case (Type of Reporting Source = '7') the Regional Nodes Positive and Regional Nodes Examined must both be coded 99.

For the following CS schemas, Regional Nodes Positive and Regional Nodes Examined must both be coded '99'.

**CS Reg Nodes Ex, Pos, Site, Hist ICDO3, Report (CS)**

1. HemeRetic
2. Lymphoma
3. Brain
4. CNSOther
5. IllDefinedOther
6. Placenta
7. IntracranialGland
8. MyelomaPlasmaCellDisorder except for histology 9734 (Extraosseous plasmacytomas)

If year of Date of Diagnosis is less than 2010 and CS Version Input Current is 020510 (not

changed since conversion from CSv01 to CSv02) or blank:

1. If Regional Nodes Examined = 00, Regional Nodes Positive must = 98.
2. If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 97 or 99, or be less than or equal to Regional Nodes Examined.
3. If Regional Nodes Examined = 95, 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99.
4. If Regional Nodes Examined = 99, then Regional Nodes Positive must = 99.

Otherwise:

1. If Regional Nodes Examined = 00 , Regional Nodes Positive must = 98.
2. If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 95, 97 or 99, or be less than or equal to Regional Nodes Examined.
3. If Regional Nodes Examined = 95, Regional Nodes Positive must = 00, 95, or 99.
4. If Regional Nodes Examined = 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99.
5. If Regional Nodes Examined = 99, then Regional Nodes Positive must = 99.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF168

**Modifications:**

NAACCR v11.1A

02/2007

- Edit modified to work for all behavior codes instead of just behaviors 2 and 3

- Edit modified to require Regional Nodes Examined and Regional Nodes Positive of 99 for C589, C751, C752, and C753.

NAACCR v11.1B

08/2007

This edit was modified so that it will be skipped if year of Date of Diagnosis is less than 2004.

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and Primary Site is not

C700-C729 (Brain and Other CNS) or C751-C753 (Intracranial Endocrine).

NAACCR v11.3A

EditWriter 5

**CS Reg Nodes Ex, Pos, Site, Hist ICDO3, Report (CS)**

12/2008

This edit was modified to allow Regional Nodes Positive of 95 with Regional Nodes Examined of 98:

If Regional Nodes Examined = 98,

Regional Nodes Positive must = 00 - 90, 95, 97, or 99.

**Modifications:****NAACCR v12.0**

- Modified to get schema name from function call to CS dll.
- IntracranialGland deleted from list of schemas requiring both Regional Nodes Examined and Regional Nodes Positive to be coded to 99.

**NAACCR v12C**

- Modified edit to be consistent with the CSv2 definitions of code 95 for Regional Nodes Examined and Regional Nodes Positive.

**NAACCR v12.1**

- Added IntracranialGland and MyelomaPlasmaCellDisorder to list of schemas for which Regional Nodes Positive and Regional Nodes Examined must both be coded 99.

**NAACCR v12.2A**

- CSv01 rules for using the code 95 for Regional Nodes Positive differ from the CSv02 rules; the portion of the edit enforcing CSv01 rules for cases diagnosed 2004-2009 was changed from "If year of Date of Diagnosis is less than 2010 and CS Version Input Original is less than 020000 or blank" to "If year of Date of Diagnosis is less than 2010 and CS Version Input Current is 020410 (not changed since conversion from CSv01 to CSv02) or blank".

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**NAACCR v14A**

- Changed CS Version Input Current code indicating "not changed since conversion from CSv01 to CSv02" from 020410 to 020510.

**NAACCR v15**

- Added exception for schemas for which Regional Nodes Examined and Regional Nodes Positive must be coded to 99:  
For MyelomaPlasmaCellDisorder, other values are allowed per Note 1 under Regional Nodes Positive & Regional Nodes Examined,  
"Note 1: Extraosseous plasmacytomas (9734), especially those in the respiratory tract, may metastasize to regional lymph nodes.  
Record the number of positive nodes/nodes examined."

**NAACCR v18**

- Name changed, space before (CS)
- Description, logic updated to pass for diagnosis year > 2017

**CS Site-Specific Factor 1 (CS)****CS Site-Specific Factor 1 (CS)**

Agency: CS

Last changed: 09/28/2003

*Edit Tag* N0662***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

**CS Site-Specific Factor 1, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1179***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 1 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 1, Primary Site, or Histologic Type ICD-O-3 is blank2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
2. CS schema is invalid

This edit verifies that CS Site-Specific Factor 1 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 1, Primary Site, Histol ICDO3 (NAACCR)'

**Modifications**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

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10/17/2019 02:45 PM

## CS Site-Specific Factor 2 (CS)

**CS Site-Specific Factor 2 (CS)**

Agency: CS

Last changed: 09/28/2003

*Edit Tag* N0663***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

**CS Site-Specific Factor 2, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1180***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 2 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 2, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 2 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 2, Primary Site, Histol ICDO3 (NAACCR)'

**Modifications**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

## CS Site-Specific Factor 3 (CS)

**CS Site-Specific Factor 3 (CS)**

Agency: CS

Last changed: 09/28/2003

*Edit Tag* N0664***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

**CS Site-Specific Factor 3, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1181***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 3 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 3, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 3 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 3, Primary Site, Histol ICDO3 (NAACCR)'

**Modifications**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

## CS Site-Specific Factor 4 (CS)

**CS Site-Specific Factor 4 (CS)**

Agency: CS

Last changed: 09/28/2003

*Edit Tag* N0665***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

**CS Site-Specific Factor 4, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1182***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 4 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 4, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 4 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 4, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER\*Edits software, the title of this edit is: IF236

**Modifications**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"



## CS Site-Specific Factor 5 (CS)

**CS Site-Specific Factor 5 (CS)**

Agency: CS

Last changed: 09/28/2003

*Edit Tag* N0666***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

**CS Site-Specific Factor 5, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1183***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 5 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 5, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 5 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 5, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER\*Edits software, the title of this edit is: IF237

**Modifications**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

## CS Site-Specific Factor 6 (CS)

**CS Site-Specific Factor 6 (CS)**

Agency: CS

Last changed: 09/28/2003

*Edit Tag* N0667***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

**CS Site-Specific Factor 6, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1184***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 6 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 6, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 6 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS SSF 6, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER\*Edits software, the title of this edit is: IF238

**Modifications**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

## CS Site-Specific Factor 7 (CS)

**CS Site-Specific Factor 7 (CS)**

Agency: CS

Last changed: 02/24/2009

*Edit Tag* N0995***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

***Administrative Notes***

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor 7, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1185***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 7 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 7, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 7 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF239

Modifications

**CS Site-Specific Factor 8 (CS)**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Site-Specific Factor 8 (CS)**

Agency: CS

Last changed: 02/24/2009

*Edit Tag* N0996***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

***Administrative Notes***

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor 8, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1186***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 8 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 8, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 8 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF240

**CS Site-Specific Factor 9 (CS)**

## Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Site-Specific Factor 9 (CS)**

Agency: CS

Last changed: 02/24/2009

*Edit Tag N0997****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

***Administrative Notes***

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor 9, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1187****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor 9 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 9, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor 9 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

**CS Site-Specific Factor10 (CS)*****Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF241

**Modifications**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Site-Specific Factor10 (CS)**

Agency: CS

Last changed: 02/24/2009

*Edit Tag* N0998

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

***Administrative Notes***

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor10, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1188

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor10 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor10, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

**CS Site-Specific Factor11 (CS)**

This edit verifies that CS Site-Specific Factor10 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Site-Specific Factor11 (CS)**

Agency: CS

Last changed: 02/24/2009

*Edit Tag* N0999

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

***Administrative Notes***

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor11, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1189

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor11 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor11, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

**CS Site-Specific Factor12 (CS)**

This edit verifies that CS Site-Specific Factor11 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF243

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Site-Specific Factor12 (CS)**

Agency: CS

Last changed: 02/24/2009

*Edit Tag* N1000

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

***Administrative Notes***

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor12, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1190

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor12 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor12, Primary Site, or Histologic Type ICD-O-3 is blank



**CS Site-Specific Factor13 (CS)**

2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor12 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF244

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Site-Specific Factor13 (CS)**

Agency: CS

Last changed: 02/24/2009

*Edit Tag* N1001

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

***Administrative Notes***

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor13, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1191

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor13 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

**CS Site-Specific Factor14 (CS)**

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor13, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor13 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF245

**Modifications**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Site-Specific Factor14 (CS)**

Agency: CS

Last changed: 02/24/2009

Edit Tag N1002

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

***Administrative Notes***

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor14, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1192

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**CS Site-Specific Factor15 (CS)****Description**

This edit verifies that CS Site-Specific Factor14 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor14, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor14 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

**Administrative Notes**

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF246

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Site-Specific Factor15 (CS)**

Agency: CS

Last changed: 02/24/2009

Edit Tag N1003

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

Must be a valid three-digit number (000-999) or blank.

**Administrative Notes**

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor15, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1194

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
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**CS Site-Specific Factor16 (CS)**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit verifies that CS Site-Specific Factor15 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor15, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor15 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

**Administrative Notes**

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF247

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Site-Specific Factor16 (CS)**

Agency: CS

Last changed: 02/24/2009

Edit Tag N1004

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

Must be a valid three-digit number (000-999) or blank.

**Administrative Notes**

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor16, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1195

**CS Site-Specific Factor17 (CS)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor16 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor16, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor16 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF248

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Site-Specific Factor17 (CS)**

Agency: CS

Last changed: 02/24/2009

Edit Tag N1005

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

***Administrative Notes***

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor17, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

**CS Site-Specific Factor18 (CS)***Edit Tag* N1196***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor17 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor17, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor17 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF249

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Site-Specific Factor18 (CS)**

Agency: CS

Last changed: 02/24/2009

*Edit Tag* N1006***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

***Administrative Notes***

New edit - added to NAACCR v12 metafile.

## CS Site-Specific Factor18, Schema (CS)

**CS Site-Specific Factor18, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1197***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor18 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor18, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor18 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF250

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Site-Specific Factor19 (CS)**

Agency: CS

Last changed: 02/24/2009

*Edit Tag* N1007***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

**CS Site-Specific Factor19, Schema (CS)*****Administrative Notes***

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor19, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1198

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor19 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor19, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor19 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF251

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Site-Specific Factor20 (CS)**

Agency: CS

Last changed: 02/24/2009

*Edit Tag* N1008

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE



**CS Site-Specific Factor20, Schema (CS)****Description**

Must be a valid three-digit number (000-999) or blank.

**Administrative Notes**

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor20, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1199

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit verifies that CS Site-Specific Factor20 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor20, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor20 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

**Administrative Notes**

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF252

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Site-Specific Factor21 (CS)**

Agency: CS

Last changed: 02/24/2009

Edit Tag N1009

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
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**CS Site-Specific Factor21, Schema (CS)**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

Must be a valid three-digit number (000-999) or blank.

**Administrative Notes**

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor21, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1200

**Edit Sets**

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

**Description**

This edit verifies that CS Site-Specific Factor21 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor21, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor21 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

**Administrative Notes**

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF253

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Site-Specific Factor22 (CS)**

Agency: CS

Last changed: 02/24/2009

Edit Tag N1010

**CS Site-Specific Factor22, Schema (CS)*****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

***Administrative Notes***

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor22, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1201

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor22 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor22, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor22 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF254

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Site-Specific Factor23 (CS)**

Agency: CS

Last changed: 02/24/2009

**CS Site-Specific Factor23, Schema (CS)***Edit Tag N1011****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

***Administrative Notes***

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor23, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1202****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor23 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor23, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor23 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF255

Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

## CS Site-Specific Factor24 (CS)

**CS Site-Specific Factor24 (CS)**

Agency: CS

Last changed: 02/24/2009

*Edit Tag* N1012***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

***Administrative Notes***

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor24, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1203***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor24 is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor24, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor24 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF256

Modifications

**CS Site-Specific Factor25 (CS)**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Site-Specific Factor25 (CS)**

Agency: CS

Last changed: 02/24/2009

*Edit Tag* N1013***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

Must be a valid three-digit number (000-999) or blank.

***Administrative Notes***

New edit - added to NAACCR v12 metafile.

**CS Site-Specific Factor25, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1387***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that CS Site-Specific Factor25 is correct for a particular schema. The schema determined by Primary Site and Histologic Type ICD-O-3.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor25, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Site-Specific Factor25 is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

The following sites within Nasopharynx and Stomach schemas should have CS Site-Specific Factor25 of 981:

Nasopharynx/PharyngealTonsil

Primary Site: C110, C112, C113, C118, C119

EsophagusGEJunction/Stomach

Primary Site: C163-C169

**CS SSF 1, Behavior, Lung Schema (CS)**

The following sites within EsophagusGEJunction should have CS Site-Specific Factor25 of 982:

EsophagusGEJunction/Stomach  
Primary Site: C160

The following sites/histologies within Peritoneum schema should have CS Site-Specific Factor25 of 981:

Peritoneum/PeritoneumFemaleGen  
Primary Site: C481, C482,C488  
Histologic Type ICD-O-3:8580-8589,8680-8921,9120-9136,9141-9582,9700-9701

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF257

Modifications:

NAACCR v12.1

- Updated to require:

1. CS Site-Specific Factor25 of 981 for sites C110, C112, C113, C118, C119 within Nasopharynx and sites C163-C169 within Stomach schema.
2. CS Site-Specific Factor25 of 982 for sites C160 within EsophagusGEJunction schema.
3. CS Site-Specific Factor25 of 981 for sites C481, C482,C488 coded with histologies 8580-8589,8680-8921,9120-9136,9141-9582,9700-9701 within Peritoneum schema.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS SSF 1, Behavior, Lung Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1895

***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

The purpose of this edit is to verify that CS Site-Specific Factor 1 and Behavior Code ICD-O-3 are coded consistently for Lung cases that are originally coded using CSv02.05 or higher.

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500 and not empty
2. CS schema is not Lung
3. CS Site-Specific Factor 1 is blank or 988

If schema is Lung:

If Behavior Code ICD-O-3 = 2 (in situ)

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**CS SSF 1, Brain, CNSOther, IntracranialGland (CS)**

then

CS Site-Specific Factor 1 must = 000 (no separate tumor nodules noted)

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER\*Edits software, the title of this edit is: IF492

NAACCR v16

- Edit is skipped if CS Version is less than 020500 and not empty

**CS SSF 1, Brain, CNSOther, IntracranialGland (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1908***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that for cases using the Brain, CNSOther, or IntracranialGland schema, CS Site-Specific Factor 1 (WHO grade) and RX Summ--Surg Prim Site are coded consistently. If CS Site-Specific Factor 1 specifies "no histologic examination of primary site", then RX Summ--Surg Prim Site must indicate "no specimen sent to pathology from surgical event."

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500 and not empty
2. CS Site-Specific Factor 1 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

If CS schema is Brain, CNSOther, or IntracranialGland:

If CS Site-Specific Factor 1 = 998 (no histologic examination of primary site), then RX Summ--Surg Prim Site must = 00-19 (no specimen sent to pathology from surgical event).

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER\*Edits software, the title of this edit is: IF499



**CS SSF 1, RX Summ--Surg, Retinoblastoma (SEER)**

NAACCR v16

- Edit changed to skip if CS Version Input Original is less than 020500 and not empty

**CS SSF 1, RX Summ--Surg, Retinoblastoma (SEER)**

Agency: SEER

Last changed: 02/07/2018 22:11:11

*Edit Tag N2374****Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 1 is empty
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid
4. If year of Date of Diagnosis is 2016-2017 and CS Extension is empty

For cases using the Retinoblastoma schema, if an enucleation is coded in the surgery field, it must be coded in CS Site-Specific Factor 1.

If enucleation performed (RX Summ--Surg Prim Site = 40 or 41), then CS Site-Specific Factor 1 must not = 970 (No enucleation performed).

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF132

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- CS Site-Specific Factor 1 code "000" changed to code "970"

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

-Different from CS edit of similar name due to SEER reporting requirements for 2016 cases.

**CS SSF 1, SSF 2, SSF 15, SSF 16, Breast (CS)**

NAACCR v16D

- Description, logic modified to skip if diagnosis year = 2016-2017

**CS SSF 1, SSF 2, SSF 15, SSF 16, Breast (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1765***Edit Sets***

Edit Set Name	Edit Set Tag	Agency Code
HospitalScan18D	MA0356	NONE
OfficeScan18D	MA0358	NONE

***Description***

This edit verifies that for cases using the Breast schema, SSF 1 (Estrogen Receptor Assay), SSF 2 (Progesterone Receptor Assay), SSF 15 (HER2: Summary Result of Testing) and SSF 16 (Combinations of ER, PR, and HER2 Results) are coded consistently. ER results are coded in the first digit of SSF 16: 0 for negative and 1 for positive. PR results are coded in the second digit: 0 for negative and 1 for positive. HER2 results are coded in the third digit: 0 for negative and 1 for positive.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2010
2. CS Site-Specific Factor 1 is blank or 988
3. CS Site-Specific Factor 2 is blank or 988
4. CS Site-Specific Factor15 is blank or 988
5. CS Site-Specific Factor16 is blank or 988
6. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
7. CS schema is invalid

If CS schema is Breast:

1. If CS Site-Specific Factor 1 = 010 (positive/elevated)  
and CS Site-Specific Factor 2 = 010 (positive/elevated)  
and CS Site-Specific Factor15 = 010 (positive/elevated)  
  
THEN  
CS Site-Specific Factor16 must = 111 (ER Positive, PR Positive, HER2 Positive)
2. If CS Site-Specific Factor 1 = 010 (positive/elevated)  
and CS Site-Specific Factor 2 = 010 (positive/elevated)  
and CS Site-Specific Factor15 = 020 (negative/normal)  
THEN  
CS Site-Specific Factor16 must = 110 (ER Positive, PR Positive, HER2 Negative)
3. If CS Site-Specific Factor 1 = 010 (positive/elevated)  
and CS Site-Specific Factor 2 = 020 (negative/normal)  
and CS Site-Specific Factor15 = 010 (positive/elevated)  
THEN  
CS Site-Specific Factor16 must = 101 (ER Positive, PR Negative, HER2 Positive)
4. If CS Site-Specific Factor 1 = 010 (positive/elevated)  
and CS Site-Specific Factor 2 = 020 (negative/normal)

**CS SSF 1, SSF 2, SSF 15, SSF 16, Breast (CS)**

- ```

and CS Site-Specific Factor15 = 020 (negative/normal)
THEN
    CS Site-Specific Factor16 must = 100 (ER Positive, PR Negative, HER2
    Negative)
5. If CS Site-Specific Factor 1 = 020 (negative/normal)
and CS Site-Specific Factor 2 = 010 (positive/elevated)
and CS Site-Specific Factor15 = 010 (positive/elevated)
THEN
    CS Site-Specific Factor16 must = 011 (ER Negative, PR Positive, HER2
    Positive)
6. If CS Site-Specific Factor 1 = 020 (negative/normal)
and CS Site-Specific Factor 2 = 010 (positive/elevated)
and CS Site-Specific Factor15 = 020 (negative/normal)
THEN
    CS Site-Specific Factor16 must = 010 (ER Negative, PR Positive, HER2
    Negative)
7. If CS Site-Specific Factor 1 = 020 (negative/normal)
and CS Site-Specific Factor 2 = 020 (negative/normal)
and CS Site-Specific Factor15 = 010 (positive/elevated)
THEN
    CS Site-Specific Factor16 must = 001 (ER Negative, PR Negative, HER2
    Positive)
8. If CS Site-Specific Factor 1 = 020 (negative/normal)
and CS Site-Specific Factor 2 = 020 (negative/normal)
and CS Site-Specific Factor15 = 020 (negative/normal)
THEN
    CS Site-Specific Factor16 must = 000 (ER Negative, PR Negative, HER2
    Negative)
9. If CS Site-Specific Factor 1 = 030, 996, 997, 998, or 999 (codes
    indicating borderline, results not interpretable or not in chart,
    or test not done or unknown if test done)
    or CS Site-Specific Factor 2 = 030, 996, 997, 998, or 999
    or CS Site-Specific Factor15 = 030, 997, 998, or 999
THEN
    CS Site-Specific Factor16 must = 999 (one or more tests not performed,
    one or more tests unknown if performed, one or more tests unknown or
    borderline results, unknown)

```

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v13A metafile.

In the SEER\*Edits software, the title of this edit is: IF444

**Modifications:****NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Edit was modified to skip if year of Date of Diagnosis is less than 2010.

CS SSF 1, Surg, DX/Stg, Sarcomas (CS)

## CS SSF 1, Surg, DX/Stg, Sarcomas (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1541

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

This edit verifies that for cases coded using the HeartMediastinum, Soft Tissue, Retroperitoneum, and Peritoneum schemas, if CS Site-Specific Factor 1 (Grade for Sarcomas) indicates that there was not pathologic examination, then neither RX Summ--Surg Prim Site, nor RX Summ--DX/Stg Proc indicates that there was a specimen sent to pathology.

Please note that there is another edit, "CS SSF 1, RX Summ--Surg, Sarcomas (CS)", that is exactly the same as this edit EXCEPT that it does not include the field RX Summ--DX/Stg Proc. It should be used by registries that do not collect RX Summ--DX/Stg Proc.

If CS schema is HeartMediastinum, Soft Tissue, Retroperitoneum, or Peritoneum:

- If CS Site-Specific Factor 1 = 998 (No histologic examination), then RX Summ--Surg Prim Site must not be 20-89 and RX Summ--DX/Stg Proc must not = 02, 05, or 06.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 1 is blank or 988
2. RX Summ--Surg prim Site is blank
3. RX Summ--DX/Stg Proc is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

### *Administrative Notes*

New edit - added to NAACCR v12.1A metafile.

#### Modifications

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

## CS SSF 1, TS/Ext Eval, Retinoblastoma Schema (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1909

**CS SSF 1, Upper GI Schemas (CS)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Purpose: For cases coded using the Retinoblastoma schema, if CS Tumor Size/Ext Eval indicates surgical resection (codes 3, 5, 6), then CS Site Specific Factor 1 (extension evaluated at enucleation) must not indicate "no enucleation performed" (code 970). If CS Tumor Size/Ext Eval = 6 (surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size and/or extension based on pathologic evidence), then CS Site Specific Factor 1 must not indicate "no evidence of primary tumor" (code 950).

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500
2. CS Tumor Size/Ext Eval is blank
3. CS Site-Specific Factor 1 is blank or 988
4. CS schema is invalid

If CS schema is Retinoblastoma:

If CS Tumor Size/Ext Eval = 3, 5, 6 (codes indicating surgical resection)  
then

CS Site Specific Factor 1 must not = 970 (no enucleation performed)

If CS Tumor Size/Ext Eval = 6 (surgical resection performed WITH pre-surgical systemic treatment or radiation; tumor size and/or extension based on pathologic evidence)  
then

CS Site Specific Factor 1 must not = 950 (no evidence of primary tumor)

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER\*Edits software, the title of this edit is: IF500

**CS SSF 1, Upper GI Schemas (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1545

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**CS SSF 10, SSF 11, Breast (CS)****Description**

This edit verifies that for cases coded using the Upper GI schemas (Esophagus, EsophagusGEJunction, Stomach, and NETStomach), CS Site-Specific Factor 1 (Clinical Assessment of Regional Lymph Nodes), Regional Nodes Positive, and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 1 is blank or 988
2. CS Lymph Nodes is blank
3. Regional Nodes Positive is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Esophagus, EsophagusGEJunction, Stomach, or NETStomach:

1. If CS Site-Specific Factor 1 = 000 (nodes not clinically evident) and Regional Nodes Positive = 00 (negative nodes pathologically), then CS Lymph Nodes must = 000 (none).
2. If CS Site-Specific Factor 1 = 100-400 (positive nodes clinically) and Regional Nodes Positive = 98 (no nodes examined), then CS Lymph Nodes must not = 000 (none).

**Administrative Notes**

New edit - added to NAACCR v12.1A metafile.

In the SEER\*Edits software, the title of this edit is: IF361

**Modifications**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS SSF 10, SSF 11, Breast (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1546

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit verifies that for cases using the Breast schema, SSF 10 (HER2: FISH Lab Value) and SSF 11 (HER2: FISH Test Interpretation) are coded consistently. For

**CS SSF 10, SSF 11, Surgery, DX/Stg, Breast (CS)**

example, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Breast:

1. If CS Site-Specific Factor10 = 998 (test not done), then CS Site-Specific Factor11 must = 998 (test not done).
2. If CS Site-Specific Factor11 = 998, then CS Site-Specific Factor10 must = 998.
3. If CS Site-Specific Factor10 is 991 (ratio of less than 1.00), then CS Site-Specific Factor11 must not = 010 (positive/elevated; amplified).
4. If CS Site-Specific Factor11 = 010, then CS Site-Specific Factor10 must not = 991.
5. If CS Site-Specific Factor10 is greater than 500 and less than 981, then CS Site-Specific Factor11 must not = 020 (negative/normal; within normal limits; not amplified).
6. If CS Site-Specific Factor11 = 020, then CS Site-Specific Factor10 must be less than or = 500 or = 991 or 997.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor10 is blank or 988
2. CS Site-Specific Factor11 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

In the SEER\*Edits software, the title of this edit is: IF362

**Modifications****NAACCR v13**

- Additional comparisons (#3-6) added for CS SSF 10 and 11.

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**CS SSF 10, SSF 11, Surgery, DX/Stg, Breast (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1547*

**CS SSF 11, GISTAppendix, Colon, Rectum (CS)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that for cases using the Breast schema, SSF 10 (HER2: FISH Lab Value) and SSF 11(HER2: FISH Test Interpretation) are coded to 998 (test not done) when no surgery or diagnostic procedure is performed yielding a pathologic specimen for testing.

If CS schema is Breast:

1. If RX Summ--Surg Prim Site = 00 and RX Summ--DX/Stg Proc = 00 and RX Summ--Scope Reg LN Sur = 0 and RX Summ--Surg Oth Reg/Dis = 0, then CS Site-Specific Factor10 must = 998 and CS Site-Specific Factor11 must = 998.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor10 is blank or 988
2. CS Site-Specific Factor11 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. RX Summ--DX/Stg Proc is blank
5. RX Summ--Scope Reg LN Sur is blank
6. RX Summ--Surg Oth Reg/Dis is blank
7. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
8. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**CS SSF 11, GISTAppendix, Colon, Rectum (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1910

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |



**CS SSF 11, Surg, DX/Stg Proc, Appendix Schema (CS)****Description**

This edit verifies that for cases using the GISTAppendix, GISTColon, or GISTRectum schemas, CS Site-Specific Factor11 (mitotic count) and RX Summ--Surg Prim Site are coded consistently. If CS Site-Specific Factor11 specifies "no histologic specimen from primary site", then RX Summ--Surg Prim Site must indicate "no specimen sent to pathology from surgical event."

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500 and not empty
2. CS Site-Specific Factor11 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

If CS schema is GISTAppendix, GISTColon, or GISTRectum:

If CS Site-Specific Factor11 = 998 (no histologic specimen from primary site), then RX Summ--Surg Prim Site must = 00-19 (no specimen sent to pathology from surgical event).

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

**Administrative Notes**

New edit - added to NAACCR v14 metafile.

In the SEER\*Edits software, the title of this edit is: IF501

NAACCR v16

- Edit changed to skip if CS Version Input Original is less than 020500 and not empty

**CS SSF 11, Surg, DX/Stg Proc, Appendix Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N1366

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit verifies that for cases coded using the Appendix schema, CS Site-Specific Factor 11 (Histopathologic Grading), RX Summ--Surg Prim Site, and RX Summ--DX/Stg Proc are coded consistently.

Please note that there is another edit, "CS SSF 11, Surg, Appendix Schema (CS)", that is exactly the same as this edit EXCEPT that it does not include the field RX Summ--DX/Stg Proc. It should be used by registries that do not collect RX Summ--DX/Stg Proc.

**CS SSF 12, SSF 13, Breast (CS)**

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 11 is blank or = 988
2. RX Summ--Surg prim Site is blank
3. RX Summ--DX/Stg Proc is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Appendix:

- If CS Site-Specific Factor11 = 998 (No pathologic confirmation of primary site tumor), then RX Summ--Surg Prim Site must be less than 20 and RX Summ--DX/Stg Proc must not = 02, 05, 06.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

**Modifications**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS SSF 12, SSF 13, Breast (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1551

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that for cases using the Breast schema, SSF 12 (HER2: CISH Lab Value) and SSF 13 (HER2: CISH Test Interpretation) are coded consistently. That is, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Breast:

1. If CS Site-Specific Factor12 = 998 (test not done), then CS Site-Specific Factor13 must = 998 (test not done).
2. If CS Site-Specific Factor13 = 998, then CS Site-Specific Factor12 must = 998.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor12 is blank or 988
2. CS Site-Specific Factor13 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

**CS SSF 12, SSF 13, Surgery, DX/Stg, Breast (CS)**

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

In the SEER\*Edits software, the title of this edit is: IF365

**Modifications:****NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**CS SSF 12, SSF 13, Surgery, DX/Stg, Breast (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1552

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that for cases using the Breast schema, SSF 12 (HER2: CISH Lab Value) and SSF 13 (HER2: CISH Test Interpretation) are coded to 998 (test not done) when no surgery or diagnostic procedure is performed yielding a pathologic specimen for testing.

If CS schema is Breast:

1. If RX Summ--Surg Prim Site = 00 and RX Summ--DX/Stg Proc = 00 and RX Summ--Scope Reg LN Sur = 0 and RX Summ--Surg Oth Reg/Dis = 0, then CS Site-Specific Factor12 must = 998 and CS Site-Specific Factor13 must = 998.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor12 is blank or 988
2. CS Site-Specific Factor13 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. RX Summ--DX/Stg Proc is blank
5. RX Summ--Scope Reg LN Sur is blank
6. RX Summ--Surg Oth Reg/Dis is blank
7. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
8. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

**CS SSF 14, Surgery, DX/Stg, Breast (CS)*****Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

**Modifications:****NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**CS SSF 14, Surgery, DX/Stg, Breast (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1553

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that for cases using the Breast schema, SSF 14 (HER2: Result of Other or Unknown Test) is coded to 998 (test not done) when no surgery or diagnostic procedure is performed yielding a pathologic specimen for testing.

If CS schema is Breast:

1. If RX Summ--Surg Prim Site = 00 and RX Summ--DX/Stg Proc = 00 and RX Summ--Scope Reg LN Sur = 0 and RX Summ--Surg Oth Reg/Dis = 0, then CS Site-Specific Factor14 must = 998.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor14 is blank or 988
2. RX Summ--Surg Prim Site is blank
3. RX Summ--DX/Stg Proc is blank
4. RX Summ--Scope Reg LN Sur is blank
5. RX Summ--Surg Oth Reg/Dis is blank
6. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
7. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

**Modifications:****NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS SSF 15, SSF 9, 11, 13, 14, Breast (CS)**

- Default error message added

**CS SSF 15, SSF 9, 11, 13, 14, Breast (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1554

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit applies only to cases coded using the Breast schema. It checks SSFs 9, 11, 13, and 14 (HER2 test interpretations) against SSF 15 (HER2: Summary Result of Testing). If any of SSFs 9, 11, 13, or 14 are not coded to blank, 988 (not collected), 998 (test not done) or 999 (unknown or no information), then SSF 15 must not = 998 or 999.

If CS schema is Breast:

1. If any of the HER2 test interpretations (CS Site-Specific Factor 9, 11, 13, 14) are coded to values other than blank, 988, 998 or 999, then CS Site-Specific Factor 15 must not be coded to 998 or 999.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 9, 11, 13, and 14 are all blank or 988
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

In the SEER\*Edits software, the title of this edit is: IF366

Modifications:

NAACCR v12.1B

- Edit modified to skip only if CS Site-Specific Factor 9, 11, 13, and 14 are all blank or 988.
- If any of the HER2 test interpretations (CS Site-Specific Factor 9, 11, 13, 14) are coded to values other than blank, 988, 998 or 999, then CS Site-Specific Factor 15 must not be coded to 998 or 999.

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS SSF 16, Skin and Scrotum Schemas (CS)**

- Default error message added

**CS SSF 16, Skin and Scrotum Schemas (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1368

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that for cases coded using the Skin and Scrotum schemas, CS Site-Specific Factor 16 (Size of Lymph Nodes), Regional Nodes Positive, and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor16 is blank
2. CS Lymph Nodes is blank
3. Regional Nodes Positive is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Skin or Scrotum:

1. If CS Site-Specific Factor16 = 000 (no involved regional lymph nodes), then Regional Nodes Positive must = 00 (all nodes examined negative), 98 (no nodes examined) or 99 (unknown).
2. If CS Lymph Nodes = 000 (no regional lymph nodes involvement), then CS Site-Specific Factor16 must = 000 (noinvolved regional lymph nodes) or 988 (not applicable).
3. If CS Lymph Nodes = 999 (unknown), then CS Site-Specific Factor16 must = 988 (not applicable) or 999 (unknown if regional lymph nodes involved).

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF321

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**CS SSF 2, LN, LN Eval, RNP, SmallIntestine (CS)**

- Modified edit to allow Regional Nodes Positive of 99 when CS Site-Specific Factor 16 = 000

**CS SSF 2, LN, LN Eval, RNP, SmallIntestine (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1574

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks cases coded using the SmallIntestine schema. If the CS lymph nodes indicate lymph node involvement, lymph nodes eval code indicates clinical assessment, and regional nodes positive show no nodes pathologically, then CS SSF 2 must = 100, 200, or 400 (clinical involvement of nodes).

If CS schema is SmallIntestine:

    If CS Lymph Nodes is 100-300 (nodes involved)

        and CS Lymph Nodes Evaluation is 0, 1, 5 (clinical assessment)

        and Regional nodes positive = 00, 98, or 99 (no nodes pathologically)

    then

        CS Site-Specific Factor 2 must = 100, 200, or 400 (clinical involvement of nodes)

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 2 is blank or 988
2. CS Lymph Nodes is blank
3. CS Lymph Nodes Eval is blank
4. Regional Nodes Positive is blank
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
6. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

In the SEER\*Edits software, the title of this edit is: IF368

**Modifications****NAACCR v12.1B**

- Extraneous code deleted from edit logic.

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

## CS SSF 2, Lower GI Schemas (CS)

**CS SSF 2, Lower GI Schemas (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1556***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that for cases coded using the Lower GI schemas (SmallIntestine, Appendix, CarcinoidAppendix, Colon, Rectum, NETColon, and NETRectum), CS Site-Specific Factor 2 (Clinical Assessment of Regional Lymph Nodes), Regional Nodes Positive, and CS Lymph Nodes are coded consistently.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 2 is blank or 988
2. CS Lymph Nodes is blank
3. Regional Nodes Positive is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is SmallIntestine, Appendix, CarcinoidAppendix, Colon, Rectum, NETColon, or NETRectum:

1. If CS Site-Specific Factor 2 = 000 (nodes not clinically evident) and Regional Nodes Positive = 00 (negative nodes pathologically), then CS Lymph Nodes must = 000 (none) or 050 (tumor deposits without regional node metastasis).

Note: CS Lymph Nodes code 050 is used only in Colon, Rectum, NETColon, and NETRectum schemas.

2. If CS Site-Specific Factor 2 = 010-400 (positive nodes clinically) and Regional Nodes Positive = 98 (no nodes examined), then CS Lymph Nodes must not = 000 (none).

***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

In the SEER\*Edits software, the title of this edit is: IF369

Modifications:

NAACCR v12.2

- Added 050 to CS Lymph Nodes allowed if CS SSF 2 = 000. New logic:



**CS SSF 25, PeritoneumFemaleGen (CS)**

"If CS Site-Specific Factor 2 = 000 (nodes not clinically evident) and Regional Nodes Positive = 00 (negative nodes pathologically),  
then CS Lymph Nodes must = 000 (none) or 050 (tumor deposits without regional node metastasis)."

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS SSF 25, PeritoneumFemaleGen (CS)**

Agency: CS

Last changed: 12/06/2016

*Edit Tag N1640****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The purpose of this edit is to verify that Sex and CS Site-Specific Factor25 are coded consistently for PeritoneumFemaleGen cases.

If Primary Site = C481, C482 or C488

AND Histologic Type ICD-O-3 = 8000-8576, 8590-8671, 8930-8934 or 8940-9110  
AND Sex = 2 (female)

THEN

CS Site-Specific Factor25 must = 002 (female) or 100 (obsolete data retained v0200).

This edit is skipped

1. if CS Site-Specific Factor25 is empty
2. Date of diagnosis is 2016 or later

***Administrative Notes***

New edit - added to NAACCR v12.2C metafile.

NAACCR v16

- edit skipped if dx date 2016 or later.

NAACCR v16D

- Reference to SEER\*Edits IF396 removed from Administrative Notes

**CS SSF 3, Breast Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N0889****Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
|---------------|--------------|-------------|

**CS SSF 3, RX Summ--Surg, Prostate Schema (CS)**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 3 is empty or = 988 (not applicable: information not collected for this case)
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Breast:

If Regional Nodes Examined = 00 (no nodes examined), then  
CS Site-Specific 3 must = 098 (axillary LNs = none examined)

**Administrative Notes**

In the SEER\*Edits software, the title of this edit is: IF189

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0

- Edit modified to get schema name from function call to CS dll.

NAACCR v12.1

- Modified to skip if CS Site-Specific Factor 3 is 988.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS SSF 3, RX Summ--Surg, Prostate Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N0706

**CS SSF 3, RX Summ--Surg, Prostate Schema (CS)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that, for cases using the CS Prostate schema, if no prostatectomy is coded in the surgery field, CS Site-Specific Factor 3 must also show no prostatectomy.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 3 is blank
2. Case is autopsy only (Type of Reporting Source = 6)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Prostate:

If RX Summ--Surg Prim Site = 50 (Radical prostatectomy, NOS; total prostatectomy, NOS) or 70 (Prostatectomy WITH resection in continuity with other organs; pelvic exenteration), then CS Site-Specific Factor 3 must not = 960 (unknown if prostatectomy, 970 (no prostatectomy in first course of treatment), 980 (prostatectomy performed, but not first course of treatment), or 985 (autopsy performed, but extension unknown).

***Administrative Notes***

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- CS Site-Specific Factor 3 codes indicating "no prostatectomy" were changed from "096, 097, 098" to "960, 970, 980".

**CS SSF 3, TS/Ext Eval, Prostate Schema (CS)**

NAACCR v12C:

\_ Logic added:

If RX Summ--Surg Prim Site = 50 or 70, then CS Site-Specific Factor 3 must not = 960, 970, 980, or 985.

NAACCR v12.1

- The following logic was deleted:

If there was no prostatectomy (RX Summ--Surg Prim Site not = 30, 50, 70, 80, or 90), then CS Site-Specific Factor 3 must = 960, 970, or 980.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v16

- Removed reference to IF133 from administrative notes.

**CS SSF 3, TS/Ext Eval, Prostate Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N0953***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that for cases coded using the CS Prostate schema, if CS Tumor Size/Ext Eval indicates prostatectomy done, CS Site-Specific Factor 3 must not indicate prostatectomy not done. Likewise, if CS Tumor Size/Ext Eval indicates no prostatectomy done, then CS Site-Specific Factor 3 must not indicate prostatectomy done.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 3 is empty
2. CS Tumor Size/Ext Eval is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS Schema is invalid
5. Date of Diagnosis is blank or invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

If CS schema is Prostate:

**CS SSF 3, TS/Ext Eval, Prostate Schema (CS)**

1. If CS Tumor Size/Ext Eval = 4, 5, or 6 (codes indicating prostatectomy performed), then CS Site-Specific Factor 3 must not = 960, 970, 980, or 985 (codes indicating prostatectomy not done or unknown).
2. If CS Extension = 950 or 999  
Then  
If CS Site-Specific Factor 3 = 000-750, then CS Tumor Size Ext/Eval must not = 0, 1, 2, 5, 9.
3. If year of Diagnosis is 2010 or later OR CS Version Input Original is greater than 020000  
Then  
If CS Extension = 200-240 (clinically apparent only)  
Then
  - A. If CS Site-Specific Factor 3 = 960 (unknown if prostatectomy done)  
Then  
CS Tumor Size Ext/Eval must = 0 (based on clinical information only) or 9 (unknown if prostatectomy done).
  - B. If CS Site-Specific Factor 3 = 970 or 980 (codes indicating no prostatectomy)  
Then  
CS Tumor Size Ext/Eval must = 0
4. If Tumor Size/Ext Eval = 3 (no prostatectomy done, but evidence derived from autopsy) or 8 (evidence derived from autopsy only), then CS Site-Specific Factor 3 must not = 960, 970, 980, or 990. These codes are not appropriate for cases coded using autopsy information.
5. If CS Tumor Size/Ext Eval = 3 , then CS Site-specific Factor 3 must not = 950.
6. If CS Tumor Size Ext/Eval = 6 (prostatectomy performed AFTER neoadjuvant therapy and tumor size/extension based on pathologic evidence), CS Site-specific Factor 3 must not = 950 or 990.
7. If CS Tumor Size Ext/Eval = 5 (prostatectomy performed AFTER neoadjuvant therapy and tumor size/extension based on clinical evidence)  
AND CS Extension code not = 950 or 999  
AND CS Site-Specific Factor 3 code not = 950-990,  
then  
CS Extension code must be equal to or greater than the CS Site-specific Factor 3 code, with the following exceptions:  
CS Extension = 200-300 (T2) and CS Site-Specific Factor 3 code = 300, 320, or 400 (T2NOS)  
CS Extension = 200, 240, 300 (T2NOS) and CS Site-Specific Factor 3 code = 210-230, 330-350, 402-406 (T2a, T2b, T2c)  
CS Extension = 210 (T2a) and CS Site-Specific Factor 3 = 330 or 402 (T2a)  
CS Extension = 220 (T2b) and CS Site-Specific Factor 3 = 330, 402 (T2a), 340 or 404 (T2b)  
CS Extension = 230 (T2c) and CS Site-Specific Factor 3 = 330, 402 (T2a), 340, 404 (T2b) 350 or 406 (T2c)  
CS Extension = 410-490 (T3) and CS Site-Specific Factor 3 = 495 (T3NOS)  
CS Extension = 410 or 490 (T3NOS) and CS Site-Specific Factor 3 = 415 - 490 (T3a, T3b)  
CS Extension = 420-445 (T3a) and CS Site-Specific Factor 3 = 430-483 (T3a)  
CS Extension = 450-470 (T3b) and CS Site-Specific Factor 3 = 480-483 (T3a) or 485-490 (T3b)  
CS Extension = 500 - 700 (T4) and CS Site-Specific Factor 3 code = 510 - 750 (T4)

**CS SSF 4, RX Summ--Surg, Testis Schema (CS)**

8. If CS Site-Specific Factor 3 = 200-750 (tumor found on prostatectomy or autopsy)  
Then  
CS Tumor Size Ext/Eval must not = 0, 1 or 9 (codes indicating no  
prostatectomy done or unknown if done)

***Administrative Notes***

New edit - added to NAACCR v11.3 metafile.

In the SEER\*Edits software, the title of this edit is: IF208

**Modifications:****NAACCR v12.0**

- Edit modified to get schema name from function call to CS dll.
- CS Site-Specific Factor 3 codes indicating "no prostatectomy" were changed from "096, 097, 098" to "960, 970, 980"; Code "095" indicating "No evidence of primary tumor" was changed to "950"
- Miscellaneous wording changed.
- Added: If CS Tumor Size/Ext Eval = 3 or 8 (evidence derived from autopsy), then CS Site-Specific Factor 3 must not = 960, 970, 980, or 990.

**NAACCR v12.1**

- Deleted: If CS Site-Specific Factor 3 = 985 (autopsy performed but extension unknown), then CS Tumor Size/Ext Eval must = 3 (no prostatectomy done, but evidence derived from autopsy) or 8 (evidence from autopsy only).
- The rest of the edit was entirely reworked and CS Extension added to the logic.

**NAACCR v12.1A**

Edit updated:

If CS Extension not = 950 or 999 AND CS Site-Specific Factor 3 not = 950-990  
then

If CS Tumor Size/Ext Eval = 5, CS Extension must be = to or greater than CS Site-Specific Factor 3, except for a given set of conditions.

**NAACCR v12.2A**

The following logic was added:

- If CS Extension = 200-240 and CS Site-Specific Factor 3 = 960, then CS Tumor Size Ext/Eval must = 0 or 9.
- If CS Extension = 200-240 and CS Site-Specific Factor 3 = 970 or 980, then CS Tumor Size Ext/Eval must = 0.

**NAACCR v13**

- Logic pertaining to CS Extension 200-240 was modified so that it applies only if year of Diagnosis is 2010 or later OR CS Version Input Original is greater than 020000.

- Added:

8. If CS Site-Specific Factor 3 = 200-750, then CS Tumor Size Ext/Eval must not = 0, 1 or 9

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS SSF 4, RX Summ--Surg, Testis Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

**CS SSF 4, RX Summ--Surg, Testis Schema (CS)***Edit Tag N0707****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Purpose: This edit verifies that, for cases coded using the CS Testis schema, if there is no radical orchiectomy coded in the surgery field, CS Site-Specific Factor 4 must also show no radical orchiectomy done, and vice versa.

This edit is skipped if any of the following conditions is true:

1. Case is a death certificate only (Type of Reporting Source = 7)
2. CS Site-Specific Factor 4 is blank
3. RX Summ--Surg Prim Site is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases coded using the Testis schema:

If RX Summ--Surg Prim Site = 80 (orchiectomy, NOS), 90 (Surgery, NOS), or 99 (unknown if surgery performed), then CS Site-Specific Factor 4 must = 000 (radical orchiectomy not performed) or 999 (unknown if radical orchiectomy performed).

Otherwise if there was no radical orchiectomy (RX Summ--Surg Prim Site not = 40), then CS Site-Specific Factor 4 must = 000.

If CS Site-Specific Factor 4 = 000, then RX Summ--Surg Prim Site must not = 40.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF134

**MODIFICATIONS:**

NACR110C

6/24/06

Added: If RX Summ--Surg Prim Site = 80 (orchiectomy, NOS), 90 (Surgery, NOS), or 99 (unknown if surgery performed), then CS Site-Specific Factor 4 must = 000 (radical orchiectomy not performed) or 999 (unknown if radical orchiectomy performed).

NAACCR v11.1A

2/07

Modified to skip DCO cases (Type of Reporting Source = 7).

**CS SSF 5, GISTPeritoneum (CS)**

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Edit updated to skip if RX Summ--Surg Prim Site is blank

## CS SSF 5, GISTPeritoneum (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1912*

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

This edit verifies that for cases using the GISTPeritoneum schema, CS Site-Specific Factor 5 (mitotic count) and RX Summ--Surg Prim Site are coded consistently. If CS Site-Specific Factor 5 specifies "no histologic specimen from primary site", then RX Summ--Surg Prim Site must indicate "no specimen sent to pathology from surgical event."

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500 and not empty
2. CS Site-Specific Factor 5 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

If CS schema is GISTPeritoneum:

If CS Site-Specific Factor 5 = 998 (no histologic specimen from primary site), then RX Summ--Surg Prim Site must = 00-19 (no specimen sent to pathology from surgical event).

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type



**CS SSF 5, Lymph Nodes, Testis (CS)**

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER\*Edits software, the title of this edit is: IF503

NAACCR v16

- Edit skips if CS Version Input Original is less than 020500 and not empty

**CS SSF 5, Lymph Nodes, Testis (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1585

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that for cases using the Testis schema, SSF 5 (Size of Metastasis in Lymph Nodes) and CS Lymph Nodes are coded consistently.

If CS schema is Testis:

1. If CS Site-Specific Factor 5 = 000 (no regional lymph nodes involved), then CS Lymph Nodes must = 000 (no regional lymph nodes involved)
2. If CS Site-Specific Factor 5 = 010-030 (regional lymph nodes involved), then CS Lymph Nodes must = 100-800 (regional nodes involved)
3.
  - a. IF CS Lymph Nodes = 510 (stated as N1), then CS Site-Specific Factor 5 must = 010 or 999.
  - b. IF CS Lymph Nodes = 520 (stated as N2), then CS Site-Specific Factor 5 must = 020 or 999.
  - c. IF CS Lymph Nodes = 530 (stated as N3), then CS Site-Specific Factor 5 must = 030 or 999.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 5 is blank or 988
2. CS Lymph Nodes is blank
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

**CS SSF 6, GISTEsoph, SmallIntest, Stomach (CS)*****Administrative Notes***

New edit - added to NAACCR v12.2 metafile.

In the SEER\*Edits software, the title of this edit is: IF385

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**CS SSF 6, GISTEsoph, SmallIntest, Stomach (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1913

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that for cases using the GISTEsophagus, GISTSmallIntestine, or GISTStomach schemas, CS Site-Specific Factor 6 (mitotic count) and RX Summ--Surg Prim Site are coded consistently. If CS Site-Specific Factor 6 specifies "no histologic specimen from primary site", then RX Summ--Surg Prim Site must indicate "no specimen sent to pathology from surgical event."

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500 and not empty
2. CS Site-Specific Factor 6 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

If CS schema is GISTEsophagus, GISTSmallIntestine, or GISTStomach:

If CS Site-Specific Factor 6 = 998 (no histologic specimen from primary site), then RX Summ--Surg Prim Site must = 00-19 (no specimen sent to pathology from surgical event).

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER\*Edits software, the title of this edit is: IF504

**CS SSF 7, MelanomaSkin (CS)**

NAACCR v16

- Edit changed to skip if CS Version Input Original is less than 020500 and not empty

**CS SSF 7, MelanomaSkin (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1914***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that for cases using the MelanomaSkin schema, CS Site-Specific Factor 7 (mitotic count) and RX Summ--Surg Prim Site are coded consistently. If CS Site-Specific Factor 7 specifies "no histologic examination of primary site", then RX Summ--Surg Prim Site must indicate "no specimen sent to pathology from surgical event."

This edit is skipped if any of the following conditions is true:

1. CS Version Input Original is less than 020500 and not empty
2. CS Site-Specific Factor 7 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. CS schema is invalid

If CS schema is MelanomaSkin:

If CS Site-Specific Factor 7 = 998 (no histologic examination of primary site), then RX Summ--Surg Prim Site must = 00-19 (no specimen sent to pathology from surgical event).

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

In the SEER\*Edits software, the title of this edit is: IF505

NAACCR v16

- Edit changed to skip if CS Version Input Original is less than 020500 and not empty

NAACCR v16A

- Administrative Note for v16 changed to indicate edit skipped if CS Version Input Original is less than 020500 from less than 020550

CS SSF 8, CS SSF 9, Breast (CS)

## CS SSF 8, CS SSF 9, Breast (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1566

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

This edit verifies that for cases using the Breast schema, SSF 8 (HER2: IHC Lab Value) and SSF 9 (HER2: IHC Test Interpretation) are coded consistently. That is, if one specifies "test not done", the other must also specify "test not done".

If CS schema is Breast:

1. If CS Site-Specific Factor 8 = 998 (test not done), then CS Site-Specific Factor 9 must = 998 (test not done).
2. If CS Site-Specific Factor 9 = 998, then CS Site-Specific Factor 8 must = 998.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 8 is blank or 988
2. CS Site-Specific Factor 9 is blank or 988
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

### *Administrative Notes*

New edit - added to NAACCR v12.1A metafile.

In the SEER\*Edits software, the title of this edit is: IF377

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

## CS SSF 8, CS SSF 9, Surgery, DX/Stg, Breast (CS)

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1567

**CS SSF 8, SSF 10, Grade, Prostate (SEER)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that for cases using the Breast schema, SSF 8 (HER2: IHC Lab Value) and SSF 9 (HER2: IHC Test Interpretation) are coded to 998 (test not done) when no surgery or diagnostic procedure is performed yielding a pathologic specimen for testing.

If CS schema is Breast:

1. If RX Summ--Surg Prim Site = 00 and RX Summ--DX/Stg Proc = 00 and RX Summ--Scope Reg LN Sur = 0 and RX Summ--Surg Oth Reg/Dis = 0, then CS Site-Specific Factor 8 must = 998 and CS Site-Specific Factor 9 must = 998.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 8 is blank or 988
2. CS Site-Specific Factor 9 is blank or 988
3. RX Summ--Surg Prim Site is blank
4. RX Summ--DX/Stg Proc is blank
5. RX Summ--Scope Reg LN Sur is blank
6. RX Summ--Surg Oth Reg/Dis is blank
7. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
8. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**CS SSF 8, SSF 10, Grade, Prostate (SEER)**

Agency: CS

Last changed: 05/30/2018 22:30:09

Edit Tag N2028

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**CS SSF 8, SSF 10, Grade, Prostate (SEER)****Description**

Purpose: This edit verifies that Grade is coded correctly for prostate cases diagnosed 2014 and

later. A computer algorithm can be used to derive grade for prostate based on CS Site-Specific

Factor 8 (Gleason's score on TURP and CS Site-Specific Factor10 (Gleason's score on prostatectomy/autopsy): if CS Site-Specific Factor 8 or CS Site-Specific Factor10 has known

values for Gleason's, the information could be used to automatically derive the grade field.

Source: Instructions for Coding Grade for 2014+  
<http://www.seer.cancer.gov/tools/grade/>

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is blank, invalid, less than 2014, or greater than 2017
2. CS Site-Specific Factor 8 is blank or 988
3. CS Site-Specific Factor10 is blank or 988
4. Case is death certificate only (Type of Reporting Source = 7).
5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

If Primary Site = C619 (Prostate) and Histologic Type ICD-O-3 = 8000-9136, 9141-9582, 9700-9701:

Using the table below, if Grade does not equal the CS Site-Specific Factor 8 and CS Site-Specific Factor10 combination, then an error message is generated. Grade specified as "\*" can't be automatically calculated and will not be checked by this edit. The detailed edit logic is provided below the table.

| GRADE |              |     |     |     |     |     |     |     |     |     |     |     |
|-------|--------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| SSF8  | SSF 10 Codes |     |     |     |     |     |     |     |     |     |     |     |
| Codes | 002          | 003 | 004 | 005 | 006 | 007 | 008 | 009 | 010 | 988 | 998 | 999 |
| 002   | 1            | 1   | 1   | 1   | 1   | 2   | 3   | 3   | 3   | *   | 1   | 1   |
| 003   | 1            | 1   | 1   | 1   | 1   | 2   | 3   | 3   | 3   | *   | 1   | 1   |
| 004   | 1            | 1   | 1   | 1   | 1   | 2   | 3   | 3   | 3   | *   | 1   | 1   |
| 005   | 1            | 1   | 1   | 1   | 1   | 2   | 3   | 3   | 3   | *   | 1   | 1   |
| 006   | 1            | 1   | 1   | 1   | 1   | 2   | 3   | 3   | 3   | *   | 1   | 1   |
| 007   | 2            | 2   | 2   | 2   | 2   | 2   | 3   | 3   | 3   | *   | 2   | 2   |
| 008   | 3            | 3   | 3   | 3   | 3   | 3   | 3   | 3   | 3   | *   | 3   | 3   |
| 009   | 3            | 3   | 3   | 3   | 3   | 3   | 3   | 3   | 3   | *   | 3   | 3   |
| 010   | 3            | 3   | 3   | 3   | 3   | 3   | 3   | 3   | 3   | *   | 3   | 3   |
| 988   | *            | *   | *   | *   | *   | *   | *   | *   | *   | *   | *   | *   |
| 998   | 1            | 1   | 1   | 1   | 1   | 2   | 3   | 3   | 3   | *   | *   | *   |
| 999   | 1            | 1   | 1   | 1   | 1   | 2   | 3   | 3   | 3   | *   | *   | *   |

1. If CS Site-Specific Factor 8 = 002-006
  - a. If CS Site-Specific Factor10 = 002-006, 998, 999  
Grade must = 1
  - b. If CS Site-Specific Factor10 = 007  
Grade must = 2
  - c. If CS Site-Specific Factor10 = 008-010  
Grade must = 3

**CS TS/Ext Eval, Surg/Rad Seq, Prostate (CS)**

2. If CS Site-Specific Factor 8 = 007
  - a. If CS Site-Specific Factor10 = 002-007, 998, 999  
Grade must = 2
  - b. If CS Site-Specific Factor10 = 008-010  
Grade must = 3
3. If CS Site-Specific Factor 8 = 008-010
  - a. If CS Site-Specific Factor10 = 002-010, 998, 999  
Grade must = 3
4. If CS Site-Specific Factor 8 = 998, 999
  - a. If CS Site-Specific Factor10 = 002-006  
Grade must = 1
  - b. If CS Site-Specific Factor10 = 007  
Grade must = 2
  - c. If CS Site-Specific Factor10 = 008-010  
Grade must = 3

***Administrative Notes***

New edit - added to NAACCR v15 metafile.

In the SEER\*Edits software, the title of this edit is: IF535

**Modifications**

NAACCR v18

- Description, logic updated to skip if diagnosis date > 2017

**CS TS/Ext Eval, Surg/Rad Seq, Prostate (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1578

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that for cases coded using the CS Prostate schema, if CS Tumor Size/Ext Eval indicates prostatectomy performed WITHOUT pre-surgical systemic treatment or radiation, then the surgery/radiation sequence field must NOT indicate radiation given before surgery.

If CS schema is Prostate:

If CS Tumor Size/Ext Eval = 4 (prostatectomy performed WITHOUT pre-surgical systemic treatment or radiation), then RX Summ--Surg/Rad Seq must not = 2 or 4 (radiation given before surgery)

**CS TS/Ext Eval, Surgery, Bladder Schema (CS)**

This edit is skipped if any of the following conditions is true:

1. CS Tumor Size/Ext Eval is empty
2. RX Summ--Surg/Rad Seq is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS Schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

New edit - added to NAACCR v12.2 metafile.

In the SEER\*Edits software, the title of this edit is: IF392

**Modifications:****NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**NAACCR v18**

- Extra space removed from edit name

**CS TS/Ext Eval, Surgery, Bladder Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1027

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The purpose of this edit is to verify that, for cases coded using the CS Bladder schema, the CS Tumor Size/Ext Eval code is correct for surgeries which do not meet the pathologic staging criteria. An exception is made for CS Extension codes mapping to the highest T category which may be pathologically evaluated (CS Tumor Size/Ext Eval code 3) without primary site resection.

This edit is skipped if any of the following conditions is true:

1. CS Tumor Size/Ext Eval is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type



**CS TS/Ext Eval, Surgery, Prostate Schema (CS)**

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases coded using the Bladder:

If RX Summ--Surg Prim Site = 10-27:

1. If CS Extension = 700-805 (CS Extension codes mapping to the highest T category which may be pathologically evaluated), then CS Tumor Size/Ext Eval must not = 5, 6 or 8.
2. For all other CS Extension codes, CS Tumor Size/Ext Eval must not = 3, 5, 6 or 8.

***Administrative Notes***

New edit - added to NAACCR v11.3A metafile.

In the SEER\*Edits software, the title of this edit is: IF211

Modifications:

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.

NAACCR v12.2A:

- Edit modified: "If RX Summ--Surg Prim Site = 10-27, then the CS Tumor Size/Ext Eval must not = 3, 5, 6, or 8" changed to: "If RX Summ--Surg Prim Site = 10-27 and CS Extension = 700-805, then the CS Tumor Size/Ext Eval must not = 5, 6, or 8".
- New error message (4889) added.

NAACCR v13:

- Added logic: If RX Summ--Surg Prim Site = 10-27 and CS Extension not = 700-805, then CS Tumor Size/Ext Eval must not = 3, 5, 6 or 8".
- New error message (4897) added.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS TS/Ext Eval, Surgery, Prostate Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N0898

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

For cases using the CS Prostate schema:

**CS TS/Ext Eval, Surgery, Prostate Schema (CS)**

1. If RX Summ--Surg Prim Site = 22 (TURP, cancer is incidental finding during surgery for benign disease), then the CS Tumor Size/Ext Eval should be coded as 1 (No prostatectomy done. Evaluation based on endoscopic examination, diagnostic biopsy, including fine needle aspiration biopsy, or other invasive Techs including surgical observation without biopsy) or 2 (No prostatectomy done, but positive biopsy of extraprostatic tissue allows assignment to CS Extension Codes 410-700); otherwise if only a TURP is performed (RX Summ--Surg Prim Site = 19-26), then the CS Tumor Size/Ext Eval should be coded as 0 [No prostatectomy done. Evaluation based on physical examination including digital rectal examination (DRE), imaging examination, or other non-invasive clinical evidence. No autopsy evidence used], 1 or 2.

2. If CS Tumor Size/Ext Eval = 4 (prostatectomy performed WITHOUT pre-surgical systemic treatment or radiation), 5 (prostatectomy performed AFTER neoadjuvant therapy and tumor size/extension based on clinical evidence), or 6 (prostatectomy performed AFTER neoadjuvant therapy and tumor size/extension based on pathologic evidence), then RX Summ----Surg Prim Site must = 30-80 (prostatectomy performed).

The logic is:

If schema is Prostate schema:

1. If RX Summ--Surg Prim Site = 22, then  
CS Tumor Size/Ext Eval must = 1 or 2.

Otherwise:

If RX Summ--Surg Prim Site = 19-26, then  
CS Tumor Size/Ext Eval must = 0, 1, or 2.

2. If Tumor Size/Ext Eval = 4, 5, or 6 (prostatectomy performed) then  
RX Summ--Surg Prim Site must = 30-80

This edit is skipped if any of the following conditions is true:

1. CS Tumor Size/Ext Eval is empty.
2. RX Summ--Surg Prim Site is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF196

Modifications:

NAACCR v11.1A

05/07

1. The RX Summ--Surg Prim Site range requiring CS Tumor Size/Ext Eval of 1 was changed from 19-26 to 19-30.
2. Additional code was added to require CS Tumor Size/Ext Eval of 0 or 1 for RX Summ--Surg Prim Site code of 18.

**CS TS/Ext Eval, Sys/Surg Seq, Prostate (CS)**

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

11/2007

Description updated: lymphoma and hematopoietic histologies are now grouped together in the list of histologies for which this edit is skipped.

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.
- Changed the range of surgery codes for "only TURP is performed" from 19-30 to 19-26; code 30 is not included because it indicates "subtotal, segmental, or simple prostatectomy, which may leave all or part of the capsule intact", which can be pathologic under rare circumstances.
- Deleted logic that requires CS Tumor Size/Ext Eval of 0 or 1 (no surgical resection done) for surgery code of 18 (local tumor destruction or excision, NOS); this is because surgery code 18 could plausibly involve a simple prostatectomy.

NAACCR v11.3A

11/2008

- Added "2" to CS Tumor Size/Ext Eval codes allowed if RX Summ--Surg Prim Site = 19-26.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll
- Modified edit to allow CS Tumor Size/Ext Eval of 1 and 2 for RX Summ--Surg Prim Site of 22; allow CS Tumor Size/Ext Eval of 0, 1, and 2 for RX Summ--Surg Prim Site of 19-21, 23-26

NAACCR v12.2:

- Added: If CS Tumor Size/Ext Eval = 4, 5, or 6, then RX Summ----Surg Prim Site must = 30-80

NAACCR v12.2C:

- Error message corrected

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS TS/Ext Eval, Sys/Surg Seq, Prostate (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1579****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**CS Tumor Size (CS)****Description**

This edit verifies that for cases coded using the CS Prostate schema, if CS Tumor Size/Ext Eval indicates prostatectomy performed WITHOUT pre-surgical systemic treatment or radiation, then the systemic therapy/surgery sequence field must NOT indicate systemic therapy given before surgery.

If CS schema is Prostate:

If CS Tumor Size/Ext Eval = 4 (prostatectomy performed WITHOUT pre-surgical systemic treatment or radiation), then RX Summ--Systemic/Sur Seq must not = 2 or 4 (systemic therapy given before surgery)

This edit is skipped if any of the following conditions is true:

1. CS Tumor Size/Ext Eval is empty
2. RX Summ--Systemic/Sur Seq is empty
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. CS Schema is invalid

This edit first determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

**Administrative Notes**

New edit - added to NAACCR v12.2 metafile.

In the SEER\*Edits software, the title of this edit is: IF393

Modifications:

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Extra space removed from edit name

**CS Tumor Size (CS)**

Agency: CS

Last changed: 09/28/2003

Edit Tag N0655

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Must be a valid three-digit number (000-999) or blank.

## CS Tumor Size, Schema (CS)

**CS Tumor Size, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1178***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that CS Tumor Size is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Tumor Size, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Tumor Size is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS Tumor Size, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER\*Edits software, the title of this edit is: IF226

***Modifications***

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Tumor Size, Site, Histol ICDO3 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N0719***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

**CS Tumor Size, SSF 1, MelanomaConjunctiva (CS)**

1. CS Tumor Size is empty.
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).
3. CS schema is invalid

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

For cases coded using the Colon or Rectum schemas:

- If CS Tumor Size = 998, then Histologic Type ICD-O-3 must = 8220 or 8221.
- If Histologic Type ICD-O-3 = 8220 or 8221, then CS Tumor Size must = 998

For cases coded using the IllDefinedOther schema:

- If Primary Site = Unknown Primary Site (C809), then CS Tumor Size must = 999.

**Administrative Notes**

In the SEER\*Edits software, the title of this edit is: IF136

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0:

- Edit modified to get schema name from function call to CS dll.
- Added:- If Histologic Type ICD-O-3 = 8220 or 8221, then CS Tumor Size must = 998

NAACCR v12C

- Added closing brace "}" to edit logic. (The missing closing brace could make the logical output unpredictable.)

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Tumor Size, SSF 1, MelanomaConjunctiva (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

Edit Tag N0684

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**CS Tumor Size/Ext Eval (CS)****Description**

This edit is skipped if any of the following conditions is true:

1. CS Tumor Size is empty
2. CS Site-Specific Factor 1 is empty.
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).
4. CS schema is invalid

If schema is MelanomaConjunctiva:

If CS Tumor Size = 000 then, CS Site-Specific Factor 1 must = 000 and vice versa.

**Administrative Notes**

In the SEER\*Edits software, the title of this edit is: IF137

Modifications:

NAACCR v11.2

8/2007

This edit was modified so that it will be skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0

- Edit name changed from "CS Tumor Size, SSF 1, Malign Melanoma Schemas (CS)" to "CS Tumor Size, SSF 1, MelanomaConjunctiva(CS)".

- Changed to apply only to MelanomaConjunctiva schema.

- Modified to get schema name from function call to CS dll.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Extra space removed from edit name

**CS Tumor Size/Ext Eval (CS)**

Agency: CS

Last changed: 10/08/2003

Edit Tag N0659

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Must be a valid CS Tumor Size/Ext Eval code (0-6,8,9) or blank.

## CS Tumor Size/Ext Eval, Schema (CS)

**CS Tumor Size/Ext Eval, Schema (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1177****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that CS Tumor Size/Ext Eval is correct for a particular schema. The schema determined by Primary Site, Histologic Type ICD-O-3, and sometimes CS Site-Specific Factor25 (schema discriminator).

This edit is skipped if any of the following conditions is true:

1. CS Tumor Size/Ext Eval, Primary Site, or Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline) and schema is not Brain, CNSOther, or IntracranialGland
3. CS schema is invalid

This edit verifies that CS Tumor Size/Ext Eval is valid for a particular schema by doing function calls to the CS Dynamic Link Library (dll).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Replaces 'CS TS/Ext Eval, Primary Site, Histol ICDO3 (NAACCR)'

In the SEER\*Edits software, the title of this edit is: IF228

***Modifications***

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**CS Validate Schema (CS)**

Agency: CS

Last changed: 05/20/2018 15:37:08

*Edit Tag N1317****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The purpose of this edit is to verify that the schema is a valid CS schema.



**CS Validate Schema (NPCR/MCR)**

This edit must be included in the edit sets for each standard setter since most other CS edits will be skipped if the schema is invalid.

This edit is skipped if any of the following conditions is true:

1. Primary Site is empty.
2. Histologic Type ICD-O-3 is empty
3. Year of Date of Diagnosis is empty, invalid, less than 2004, or greater than 2017

This edit determines the CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll. An error is generated if the schema is not found, or if CS Site-Specific Factor 25 is blank or coded 988 when the schema discriminator (CS SSF 25) is required to select the correct schema.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications:****NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**NAACCR v18**

- Name changed, extra space removed
- Description, logic modified to skip if diagnosis year > 2017
- Failure on invalid diagnosis date changed to skip

**CS Validate Schema (NPCR/MCR)**

Agency: NONE

Last changed: 04/25/2019 16:59:25

*Edit Tag* MA2518

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The purpose of this edit is to verify that the schema is a valid CS schema.

**CS Version Input Current (CS)**

This edit must be included in the edit sets for each standard setter since most other CS edits will be skipped if the schema is invalid.

This edit is skipped if any of the following conditions are true:

1. Primary Site is empty.
2. Histologic Type ICD-O-3 is empty
3. Year of Date of Diagnosis is empty, less than 2004, or > 2017
4. Over-ride CS 20 is '1' AND Class of Case = 38-49 AND CS Site-Specific Factor25 is blank

MCR modification is to use Class of Case in the 4th skip rule instead of Type of Reporting Source = 3-7.

This edit determines the CS schema by doing a function call to the CS Dynamic Link Library (dll).

The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25

(schema discriminator) to the dll. An error is generated if the schema is not found, or if CS

Site-Specific Factor 25 is blank or coded 988 when the schema discriminator (CS SSF 25) is required to select the correct schema.

***Administrative Notes***

New edit - added to NAACCR v13A metafile.

This edit differs from the CS edit of the same name in that the edit is skipped if Over-ride CS 20 is '1' AND Type of Reporting Source =

3-7 AND CS Site-Specific Factor25 is blank. Over-ride CS 20 is set to '1' when directly coded summary stage (SEER Summary Stage

2000 [759]) is recorded in lieu of Derived SS2000 [3020].

13A: MCR modification uses Class of Case 38-49 instead of Type of Reporting Source 3-7. MCR generates Type of Reporting Source and does not collect it.

14: updated CS dll name to cststage0205.

18C: added skip for diagnosis year > 2017

**CS Version Input Current (CS)**

Agency: CS

Last changed: 10/08/2013

*Edit Tag N1212*

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

**CS Version Input Original (CS)**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

**Description**

Must be a six-digit number or blank.

If not blank, the full six-digit number must be one of the following numbers:

020550 or higher (see next paragraph)

020540

020530

020520

020510

CS Version Input Current must also be less than or equal to the CS version that is returned from a function call to the CS DLL. (The most current CS DLL always contains the most current CS version number.)

**Administrative Notes**

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.

NAACCR v12.2

- Edit updated to correspond to the CSV0204 requirements.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll"

- List of allowable codes updated

**CS Version Input Original (CS)**

Agency: CS

Last changed: 10/07/2013

Edit Tag N0696

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Must be a six-digit number or blank.

If not blank, the full six-digit number must be one of the following numbers:

020550 or higher (see next paragraph)

020440

020302

020200

**CS Version Input Original, Version Input Curr (CS)**

020100  
020001  
010401  
010400  
010300  
010200  
010100  
010005  
010004  
010003  
010002  
010000  
000937

If the first 4 digits are 0205, then the full six-digit number must be greater than or equal to 020550. Codes less than 020550 are either reserved for converted cases or invalid and are never used in CS Version Input Original.

CS Version Input Original must also be less than or equal to the CS version that is returned from a function call to the CS DLL. (The most current CS DLL always contains the most current CS version number.)

***Administrative Notes***

Modifications:

NACR110C

09/06/06

The code "0103" was added to the list of allowable values.

NAACCR v11.2

11/07

The code "0104" was added to the list of allowable values.

NAACCR v12.0

- Edit name changed from "CS Version 1st (CS)" to "CS Version Input Original (CS)".
- - Edit updated to only allow '01' or '02' in first two digits or full number of '000937' (trial version). CS Version Input Original must also be less than or equal to the current CS version. A function call to the CS dll is performed to get the most current CS version.

NAACCR v12.1

- Edit updated to correspond to the CSV0203 requirements.

NAACCR v12.2

- Edit updated to correspond to the CSV0204 requirements.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll"
- List of allowable codes updated

**CS Version Input Original, Version Input Curr (CS)**

Agency: CS

Last changed: 05/28/2010

**Date 1st Crs RX COC (COC)***Edit Tag N1213****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if either field is blank.

CS Version Input Current must be greater than or equal to CS Version Input Original.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF268

**Date 1st Crs RX COC (COC)****Agency: COC****Last changed: 11/15/2012***Edit Tag N0157****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date 1st Crs RX COC is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.

CCYYMM\_\_ Century+Year and Month. Day consists of two blank spaces.

CCYY\_\_\_\_\_ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

**Date 1st Crs RX COC Flag (NAACCR)*****Administrative Notes*****MODIFICATIONS:****NAACCR v12.0**

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**NAACCR v13**

- Edit name changed from 'Date of 1st Crs RX--COC (COC)' to 'Date 1st Crs RX COC (COC)'.
- Data item name changed from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'.

**Date 1st Crs RX COC Flag (NAACCR)****Agency: NAACCR****Last changed: 11/15/2012****Edit Tag N1079*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The Date 1st Crs RX COC Flag codes indicates why there is no appropriate value in the corresponding date field, Date 1st Crs RX COC.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

**Allowable codes:**

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown whether treatment was administered).

11 No proper value is applicable in this context (e.g., autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., treatment administered but date is unknown).

Blank A valid date value is provided in item Date 1st Crs RX COC, or the date was not expected to have been transmitted.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications****NAACCR v13**

- Edit name changed from 'Date of 1st Crs RX Flag (NAACCR)' to 'Date 1st Crs RX COC Flag (NAACCR)'.
- Data item name changed from 'Date of 1st Crs RX Flag' to 'Date 1st Crs RX COC Flag'.

Date 1st Crs RX COC, Date Flag (NPCR)

**Date 1st Crs RX COC, Date Flag (NPCR)**

Agency: NPCR

Last changed: 11/15/2012

*Edit Tag N1096****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

General information on the inter-field editing of date and date flag fields:  
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require Date 1st Crs RX COC; that is, Date 1st Crs RX COC and its corresponding date flag, Date 1st Crs RX COC Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If Date 1st Crs RX COC is populated, then Date 1st Crs RX COC Flag must be blank.
3. If Date 1st Crs RX COC is blank and Date 1st Crs RX COC Flag is not blank, then Date 1st Crs RX COC Flag must = 10 (unknown whether treatment was administered), 11 (autopsy only case), or 12 (treatment administered but date is unknown).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it does not require the date information, but if populated, the date and corresponding flag must be in agreement.

**Modifications****NAACCR v13**

- Edit name changed from 'Date of 1st Crs RX--COC, Date Flag (NPCR)' to 'Date 1st Crs RX COC, Date Flag (NPCR)'.
- Data item name changed from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'.
- Data item name changed from 'Date of 1st Crs RX Flag' to 'Date 1st Crs RX COC Flag'.

**Date 1st Crs RX COC, Date Initial RX SEER (NPCR)**

Agency: NPCR

Last changed: 11/15/2012

*Edit Tag N0798*

**Date 1st Crs RX COC, Date of Diagnosis (COC)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Date 1st Crs RX COC, Date 1st Crs RX COC Flag, Date Initial RX SEER, and Date Initial RX SEER Flag cannot all be blank.

***Administrative Notes***

Modifications

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and to require that at least one of the following be populated: Date of 1st Crs RX--COC, Date of 1st Crs RX Flag, Date of Initial RX--SEER, or Date of Initial RX Flag

NAACCR v13

- Edit name changed from 'Date of 1st Crs RX--COC, Date Init RX--SEER (NPCR)' to 'Date 1st Crs RX COC, Date Initial RX SEER (NPCR)'.

- Data item names changed:

from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'

from 'Date of 1st Crs RX Flag' to 'Date 1st Crs RX COC Flag'

from 'Date of Initial RX--SEER' to 'Date Initial RX SEER'.

from 'Date of Initial RX Flag' to 'Date Initial RX SEER Flag'.

**Date 1st Crs RX COC, Date of Diagnosis (COC)**

Agency: COC

Last changed: 11/15/2012

Edit Tag N0199

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date 1st Crs RX COC or Date of Diagnosis is blank.

Date 1st Crs RX COC must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

Modifications:

NAACCR v12.0



**Date 1st Crs RX COC, Date of Last Contact (COC)**

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'Date of 1st Crs RX--COC, Date of DX (COC)' to 'Date 1st Crs RX COC, Date of Diagnosis (COC)'.

- Data item name changed from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'.

## Date 1st Crs RX COC, Date of Last Contact (COC)

Agency: COC

Last changed: 11/15/2012

*Edit Tag* N0200

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

This edit is skipped if Date 1st Crs RX COC or Date of Last Contact is blank.

Date of Last Contact (also referred to as Date of Last Follow-Up or of Death) must be greater than or equal to Date 1st Crs RX COC. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

### *Administrative Notes*

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'Date of 1st Crs RX--COC, Date Last Contact (COC)' to 'Date 1st Crs RX COC, Date of Last Contact (COC)'.

- Data item name changed from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'.

## Date 1st Crs RX COC, Dates of RX (COC)

Agency: COC

Last changed: 10/08/2014

*Edit Tag* N1348

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Date 1st Crs RX COC, Dates of RX (COC)****Description**

The Date 1st Crs RX COC is compared to the following treatment modality dates:

RX Date Surgery/RX Date Surgery Flag  
 RX Date Radiation/RX Date Radiation Flag  
 RX Date Systemic/RX Date Systemic Flag  
 RX Date Other/RX Date Other Flag

1. The edit is skipped if any of the date/flag combinations are blank, indicating the date was not collected:

If Date 1st Crs RX COC and Date 1st Crs RX COC Flag are blank

OR

RX Date Surgery and RX Date Surgery Flag are blank

OR

RX Date Radiation and RX Date Radiation Flag are blank

OR

RX Date Systemic and RX Date Systemic Flag are blank

OR

RX Date Other and RX Date Other Flag are blank

2. The edit is skipped if all four treatment modality dates indicate no treatment or treatment planned, not yet given:

If RX Date Surgery Flag = 11 (no surgery)

AND

RX Date Radiation Flag = 11 (no radiation) or 15 (planned, not yet given)

AND

RX Date Systemic Flag = 11 (no systemic rx) or 15 (planned, not yet given)

AND RX Date Other Flag = 11 (none) or 15 (planned, not yet given)

3. If any of the four treatment modality flags are not = 11 (none), then the Date 1st Crs RX COC Flag must not = 11 (none):

IF RX Date Surgery Flag not = 11

OR RX Date Radiation Flag not = 11

OR RX Date Systemic Flag not = 11

OR RX Date Other Flag not = 11

Date 1st Crs RX COC Flag must not = 11 (none)

4. If Date 1st Crs RX COC Flag = 10 or 12 (unknown) and any of the four treatment modality flags = 10 or 12, the edit passes. If none of the four treatment modality flags = 10 or 12, the edit fails:

If Date 1st Crs RX COC Flag = 10 or 12

AND

(RX Date Surgery Flag = 10 or 12

OR RX Date Radiation Flag = 10 or 12

OR RX Date Systemic Flag = 10 or 12

OR RX Date Other Flag = 10 or 12)

PASS

Otherwise

FAIL;

5. To have gotten to this point, the Date 1st Crs RX COC must be a non-blank date. It must equal the earliest non-blank treatment modality date.

**Administrative Notes**

Modifications:

**Date Initial RX SEER (NAACCR)**

NACR110C

07/13/06

Edit description was modified.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12B

- Corrected typo in description: change "ar" to "are"

NAACCR v13

- Edit name changed from 'Date of 1st Crs RX--COC, Dates of RX (COC)' to 'Date 1st Crs RX COC, Dates of RX (COC)'.

- Data item names changed:

from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'

from 'Date of 1st Crs RX Flag' to 'Date 1st Crs RX COC Flag'

from 'RX Date--Other' to 'RX Date Other'

from 'RX Date--Other Flag' to 'RX Date Other Flag'

from 'RX Date--Radiation' to 'RX Date Radiation'

from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'

from 'RX Date--Surgery' to 'RX Date Surgery'

from 'RX Date--Surgery Flag' to 'RX Date Surgery Flag'

from 'RX Date--Systemic' to 'RX Date Systemic'

NAACCR v15

- Added code 15 to list of RX Date Other Flag codes indicating no treatment or treatment planned, not yet given

**Date Initial RX SEER (NAACCR)**

Agency: NAACCR

Last changed: 11/15/2012

*Edit Tag N0075****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date Initial RX SEER is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).

Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.

CCYYMM\_\_ Century+Year and Month. Day consists of two blank spaces.

CCYY\_\_\_\_\_ Century+Year. Month and Day consist of four blank spaces.

**Date Initial RX SEER Flag (NAACCR)**

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

***Administrative Notes*****MODIFICATIONS:****NAACCR v12.0**

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**NAACCR v13**

- Edit name changed from 'Date of Initial RX--SEER (NAACCR)' to 'Date Initial RX SEER (NAACCR)'.

- Data item names changed:

from 'Date of Initial RX--SEER' to 'Date Initial RX SEER'

**Date Initial RX SEER Flag (NAACCR)**

**Agency: NAACCR**

**Last changed: 11/15/2012**

*Edit Tag N1080*

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The Date Initial RX SEER Flag codes indicates why there is no appropriate value in the corresponding date field, Date Initial RX SEER.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown whether treatment was administered).

11 No proper value is applicable in this context (e.g., therapy was not administered).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., treatment administered but date is unknown).

Blank A valid date value is provided in item Date Initial RX SEER, or the date was not expected to have been transmitted.

**Date Initial RX SEER, Ca Dir RX, Schema ID (SEER)*****Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications****NAACCR v13**

- Edit name changed from 'Date of Initial RX Flag (NAACCR)' to 'Date Initial RX SEER Flag (NAACCR)'.
- Data item names changed:  
from 'Date of Initial RX Flag' to 'Date Initial RX SEER Flag'

**Date Initial RX SEER, Ca Dir RX, Schema ID (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

*Edit Tag* N5022

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that surgery fields, by Schema ID and/or Primary Site, are coded consistently with surgery date fields.

This edit is skipped if one of the following is true:

1. Year of diagnosis is blank or invalid
2. Year of diagnosis is less than 2019

The following table specifies the values for each treatment field for known to have not been performed (NO) and for known to have been performed (YES).

If at least one treatment field specifies YES, then Date Initial RX SEER cannot indicate no cancer-directed therapy performed (Date Initial RX SEER is blank with Date Initial RX SEER Flag set to 11).

If Date Initial RX SEER is a known date (not blank), then ALL treatment fields cannot specify NO.

=====

RX Summ--Surg Primary Site

NO: 00, 98  
YES: 10-90

=====

RX Summ--Surg Scope Reg LN Sur for the following Schema IDs:

NO: 9 00721 Brain

**Date Initial RX SEER, Ca Dir RX, Schema ID (SEER)**

00722 CNS Other  
 00723 Intracranial Gland  
 00790 Lymphoma, C770-C779 only  
 00795 Lymphoma CLL/SLL, C770-C779 only  
 00821 Plasma Cell Myeloma  
 00822 Plasma Cell Disorders (excluding 9734)  
 00830 HemeRetic  
 99999 Ill-Defined Other (excluding C422)  
 Any with Primary Site code = C420, C421, C423, C424,

C700-C709,

C710-C729, C751-C753, C761-C768, C770-C779,

C809

0 for all other schemas

2 Regional Nodes Examined = 00 or 99

YES: 1

2 (only if Regional Nodes Examined = 01-98)

3-7

 =====  
 RX Summ--Surg Oth Reg/Dis

NO: 0

YES: 1-5

 =====  
 Phase I Radiation Treatment Modality

NO: 00, 99

YES: 01-16

 =====  
 RX Summ--Surg/Rad Seq

NO: 0

YES: 2-9

 =====  
 RX Summ--BRM

NO: 00, 82, 85-88

YES: 01

 =====  
 RX Summ--Chemo

NO: 00, 82, 85-88

YES: 01-03

 =====  
 RX Summ--Hormone

NO: 00, 82, 85-88

YES: 01

 =====  
 RX Summ--Transplant/Endocr

NO: 00, 82, 85-88

**Date Initial RX SEER, Date Flag (NPCR)**

YES: 10-12, 20, 30, 40

=====

RX Summ--Other

NO: 0, 7, 8

YES: 1, 2, 3, 6

***Administrative Notes***

New edit - NAACCR v18C metafile

**Date Initial RX SEER, Date Flag (NPCR)**

Agency: NPCR

Last changed: 11/25/2012

*Edit Tag* N1099***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

General information on the inter-field editing of date and date flag fields:

The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require Date Initial RX SEER; that is, Date Initial RX SEER and its corresponding date flag, Date Initial RX SEER Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If Date Initial RX SEER is populated, then Date Initial RX SEER Flag must be blank.
3. If Date Initial RX SEER is blank and Date Initial RX SEER Flag is not blank, then Date Initial RX SEER Flag must = 10 (unknown whether treatment was administered), 11 (autopsy only case), or 12 (treatment administered but date is unknown).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

This edit differs from the NAACCR edit of the same name in that it does not require the date information, but if populated, the date and corresponding flag must be in agreement.

**Date Initial RX SEER, Date Last Cont (NAACCR IF35)**

## Modifications

## NAACCR v13

- Edit name changed from 'Date of Initial RX--SEER, Date Flag (NPCR)' to 'Date Initial RX SEER, Date Flag (NPCR)'.
- Data item names changed:
  - from 'Date of Initial RX--SEER' to 'Date Initial RX SEER'
  - from 'Date of Initial RX Flag' to 'Date Initial RX SEER Flag'

**Date Initial RX SEER, Date Last Cont (NAACCR IF35)**

Agency: NAACCR

Last changed: 04/09/2018 19:55:20

Edit Tag N0096

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if any of the following conditions is true:

1. Date Initial RX SEER is blank
2. Date of Last Contact is blank.
3. If Registry ID = 0000001544 (New Jersey) and year of Date of Diagnosis is < 2000

Date Initial RX SEER must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

**Administrative Notes**

In the SEER\*Edits software, the title of this edit is: IF35

## Modifications:

## NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

## NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Modified to skip if Registry ID = 0000001544 (New Jersey) and year of Date of Diagnosis is less than 2000.

## NAACCR v13

- Edit name changed from 'Date of Init RX--SEER, Date Last Cont(NAACCR IF35)' to 'Date Initial RX SEER, Date Last Cont(NAACCR IF35)'.
- Data item names changed:
  - from 'Date of Initial RX--SEER' to 'Date Initial RX SEER'



**Date Initial RX SEER, Date of DX (MCR/NAACCR IF18)**

NAACCR v18

- Name changed, space before (NAACCR IF35)

**Date Initial RX SEER, Date of DX (MCR/NAACCR IF18)**

Agency: NONE

Last changed: 04/16/2019 15:30:15

*Edit Tag* MA0095***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

For diagnoses made 2019 and forward, Date Initial RX SEER becomes required for the MCR (along with its companion Flag field).

The edit skips for:

- an empty or invalid Date of Diagnosis;
- Date of Diagnosis < 2019.

For 2019+ diagnoses, Date Initial RX SEER and Date Initial RX SEER Flag cannot both be blank.

***Administrative Notes***

New MCR edit in 18C. Date 1st Crs RX COC was required by MCR before 2019 diagnoses. Beginning with 2019 diagnoses, the SEER treatment date field becomes required.

**Date Initial RX SEER, Date of DX (NAACCR IF18)**

Agency: NAACCR

Last changed: 02/07/2018 22:11:11

*Edit Tag* N0095***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Date Initial RX SEER is blank
2. Date of Diagnosis is blank.
3. If Registry ID = 0000001544 (New Jersey) and year of Date of Diagnosis is < 2000

**Date of 1st Contact (COC)**

Date Initial RX SEER must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Modified to skip if Registry ID = 0000001544 (New Jersey) and year of Date of Diagnosis is less than 2000.

NAACCR v13

- Edit name changed from 'Date of Init RX--SEER, Date of DX (NAACCR IF18)' to 'Date Initial RX SEER, Date of DX (NAACCR IF18)'.
- Data item names changed:  
from 'Date of Initial RX--SEER' to 'Date Initial RX SEER'

**Date of 1st Contact (COC)**

Agency: COC

Last changed: 09/28/2009

*Edit Tag* N0542

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of 1st Contact is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).  
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD      Century+Year, Month and Day are provided.  
CCYYMM\_\_      Century+Year and Month. Day consists of two blank spaces.  
CCYY\_\_\_\_      Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

**Date of 1st Contact Flag (NAACCR)****Administrative Notes**

## MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**Date of 1st Contact Flag (NAACCR)**

Agency: NAACCR

Last changed: 10/06/2009

*Edit Tag N1070***Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The Date of 1st Contact Flag explains why there is no appropriate value in the corresponding date field, Date of 1st Contact.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

12      A proper value is applicable but not known. (e.g., date is unknown).

Blank    A valid date value is provided in item Date of 1st Contact, or the date was not expected to have been transmitted.

**Administrative Notes**

New edit - added to NAACCR v12.0 metafile.

**Date of 1st Contact, Date Flag (NAACCR)**

Agency: NAACCR

Last changed: 04/09/2018 19:56:27

*Edit Tag N1093***Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

General information on the inter-field editing of date and date flag fields:

The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that

**Date of Birth (NAACCR)**

the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires Date of 1st Contact; that is, it must always be populated OR its corresponding flag must indicate that the date is unknown.

1. If Date of 1st Contact is populated, then Date of 1st Contact Flag must be blank.
2. If Date of 1st Contact is blank, the Date of 1st Contact Flag must = 12, indicating the Date of 1st Contact is unknown.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications**

NAACCR v18

- Name changed, space before (NAACCR)

**Date of Birth (NAACCR)**

Agency: NAACCR

Last changed: 09/28/2009

*Edit Tag* N1034

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of Birth is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD      Century+Year, Month and Day are provided.  
 CCYYMM        Century+Year and Month. Day consists of two blank spaces.  
 CCYY          Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

**Date of Birth Flag (NAACCR)*****Administrative Notes*****MODIFICATIONS:**

NAACCR v12.0

- Edit name changed from "Birth Date (NAACCR DATEEDIT)" to "Date of Birth (NAACCR)" because data item "Birth Date" changed to "Date of Birth"
- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**Date of Birth Flag (NAACCR)**

Agency: NAACCR

Last changed: 10/06/2009

*Edit Tag* N1035***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The Date of Birth Flag explains why there is no appropriate value in the corresponding date field, Date of Birth.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

12        A proper value is applicable but not known. (e.g., date of birth is unknown) .

Blank    A valid date value is provided in item Date of Birth, or the date was not expected to have been transmitted.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Date of Birth, Date Flag (NAACCR)**

Agency: NAACCR

Last changed: 05/28/2010

*Edit Tag* N1036***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Date of Birth, Date of Diagnosis (NAACCR IF47)****Description**

General information on the inter-field editing of date and date flag fields:  
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires Date of Birth; that is, it must always be populated OR its corresponding flag must indicate that the date is unknown.

1. If Date of Birth is populated, then Date of Birth Flag must be blank.
2. If Date of Birth is blank, the Date of Birth Flag must = 12, indicating the date of birth is unknown.

**Administrative Notes**

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF225

**Date of Birth, Date of Diagnosis (NAACCR IF47)**

Agency: NAACCR

Last changed: 01/13/2010

Edit Tag N1048

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit verifies that Birth Date is not later than Date of Diagnosis unless the case was diagnosed in utero.

Otherwise, Birth Date must not be later than Date of Diagnosis. If either year is blank (unknown), the edit is skipped. If either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

If Birth Date is later than Date of Diagnosis, the difference in months is calculated. If the difference is no more than 7 full months AND the Over-ride Age/Site/Morph code is 2 or 3, no further checking is done. (Over-ride Age/Site/Morph may be set to 2 or 3 to indicate a case has been diagnosed in utero.)

Note:

Codes '2' and '3' have been added to the list of Over-ride Age/Site/Morph codes in the NAACCR v11.3 metafile. The code definitions are:

- 1 = Reviewed: An unusual occurrence of a particular age/site/histology combination for a given age group has been reviewed
- 2 = Reviewed: Case was diagnosed in utero.
- 3 = Reviewed: Conditions 1 and 2 above both apply
- Blank = Not reviewed or reviewed and corrected

**Date of Diagnosis (NAACCR DATEEDIT)*****Administrative Notes***

NAACCR v11.3

6/2008

If the Over-ride Age/Site/Morph code is 2 or 3, the edit is skipped.

(Over-ride Age/Site/Morph may be set to 2 or 3 to indicate a case has been diagnosed in utero.)

Note:

Over-ride Age/Site/Morph codes:

1 = Reviewed: An unusual occurrence of a particular age/site/histology combination for a given age group has been reviewed

2 = Reviewed: Case was diagnosed in utero.

3 = Reviewed: Conditions 1 and 2 above both apply

Blank = Not reviewed or reviewed and corrected

NAACCR v11.3A

1/2009

- Modified to check: If Birth Date is later than Date of Diagnosis, the difference in months is calculated. If the difference is no more than 7 full months AND the Over-ride Age/Site/Morph code is 2 or 3, no further checking is done. (Over-ride Age/Site/Morph may be set to 2 or 3 to indicate a case has been diagnosed in utero.)

NAACCR v12.0

- Edit name changed from 'Birth Date, Date of Diagnosis (NAACCR IF47)' to 'Date of Birth, Date of Diagnosis (NAACCR IF47)'.

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**Date of Diagnosis (NAACCR DATEEDIT)**

Agency: NAACCR

Last changed: 09/28/2009

*Edit Tag* N0021***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of Diagnosis is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.

CCYYMM\_\_ Century+Year and Month. Day consists of two blank spaces.

CCYY\_\_\_\_ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

**Date of Diagnosis Flag (NAACCR)**

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

**Administrative Notes**

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**Date of Diagnosis Flag (NAACCR)**

Agency: NAACCR

Last changed: 10/06/2009

*Edit Tag* N0968

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The Date of Diagnosis Flag explains why there is no appropriate value in the corresponding date field, Date of Diagnosis.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

12 A proper value is applicable but not known. (e.g., date of diagnosis is unknown).

Blank A valid date value is provided in item Date of Diagnosis, or the date was not expected to have been transmitted.

**Administrative Notes**

New edit - added to NAACCR v12.0 metafile.

**Date of Diagnosis, Date Flag (NAACCR)**

Agency: NAACCR

Last changed: 05/28/2010

*Edit Tag* N0970

**Edit Sets**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
|---------------|--------------|-------------|



**Date of Diagnosis, EOD Coding Sys, EOD (MCR/SEER IF33)**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

General information on the inter-field editing of date and date flag fields:  
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires Date of Diagnosis; that is, it must always be populated OR its corresponding flag must indicate the date is unknown.

1. If Date of Diagnosis is populated (not blank), then Date of Diagnosis Flag must be blank.
2. If Date of Diagnosis is blank, the Date of Diagnosis Flag must = 12, indicating the date of diagnosis is unknown.

**Administrative Notes**

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF221

**Date of Diagnosis, EOD Coding Sys, EOD (MCR/SEER IF33)**

Agency: NONE

Last changed: 10/15/2019 15:33:00

Edit Tag MA2041

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

If year of Date of Diagnosis is blank, this edit is skipped.

The EOD staging system was changed for diagnosis year 2018. For Date of Diagnosis greater than 2018, the following fields must be blank:

Coding System for EOD  
EOD--Old 2 Digit  
EOD--Old 13 Digit  
EOD--Old 4 Digit  
EOD--Tumor Size  
EOD--Extension  
EOD--Lymph Node Involv  
EOD--Extension Prost Path

**Date of Last Contact (NAACCR DATEEDIT)*****Administrative Notes***

18C: MCR modification is to run the 2004+ blank-checks for old EOD fields on 2019+ only. Pre-2004 portions of the logic are removed.

**Date of Last Contact (NAACCR DATEEDIT)**

Agency: NAACCR

Last changed: 09/28/2009

*Edit Tag* N0022***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of Last Contact is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.

CCYYMM\_\_ Century+Year and Month. Day consists of two blank spaces.

CCYY\_\_\_\_\_ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

***Administrative Notes***

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**Date of Last Contact Flag (NAACCR)**

Agency: NAACCR

Last changed: 03/26/2017 15:36:00

*Edit Tag* N1069

**Date of Last Contact, Date Flag (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The Date of Last Contact Flag explains why there is no appropriate value in the corresponding date field, Date of Last Contact.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

12        A proper value is applicable but not known. (e.g., date is unknown).

Blank    A valid date value is provided in item Date of Last Contact, or the date was not expected to have been transmitted.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Date of Last Contact, Date Flag (NAACCR)**

Agency: NAACCR

Last changed: 05/20/2018 22:50:13

Edit Tag N1094

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

General information on the inter-field editing of date and date flag fields:  
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires Date of Last Contact; that is, it must always be populated OR its corresponding flag must indicate that the date is unknown.

1. If Date of Last Contact is populated, then Date of Last Contact Flag must be blank.
2. If Date of Last Contact is blank, the Date of Last Contact Flag must = 12, indicating the Date of Last Contact is unknown.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Date of Last Contact, Date of Diag (NAACCR IF19)**

In the SEER\*Edits software, the title of this edit is: IF223

**Modifications**

NAACCR v18

- Name changed, space before (NAACCR)

## Date of Last Contact, Date of Diag (NAACCR IF19)

Agency: NAACCR

Last changed: 07/29/2017 16:39:09

Edit Tag N0024

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if Date of Last Contact or Date of Diagnosis is blank.

Date of Last Contact must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

**Administrative Notes**

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v18

- Name changed, "." removed

## Date of Sentinel Lymph Node Biopsy (COC)

Agency: COC

Last changed: 02/28/2018 21:03:39

Edit Tag N2512

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This data item records the date of the sentinel lymph node(s) biopsy procedure.

EditWriter 5

396

10/17/2019 02:45 PM

**Date of Sentinel Lymph Node Biopsy Flag (COC)**

The item is collected for Melanoma of Skin and Breast cases only (Schema IDs 00470 and 00480).

This edit checks for valid date only. Another edit checks that the item and its corresponding data flag are recorded according to standard setter requirements by date of diagnosis and primary site.

The data item may be blank.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.

CCYYMM\_\_ Century+Year and Month. Day consists of two blank spaces.

CCYY\_\_\_\_\_ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

**Administrative Notes**

New edit - NAACCR v18 metafile

**Date of Sentinel Lymph Node Biopsy Flag (COC)**

Agency: COC

Last changed: 09/18/2018 22:28:33

Edit Tag N2513

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This flag explains why there is no appropriate value in the corresponding date data item, Date of Sentinel Lymph Node Biopsy. The item is collected for Melanoma of Skin and Breast cases only (Schema IDs 00470 and 00480).

This edit checks for valid date flag codes only. Another edit checks that the item and its corresponding date are recorded according to standard setter requirements by date and primary site.

**Date of Sentinel Lymph Node Biopsy, Date Flag (COC)**

The data item may be blank.

Allowable codes:

- 10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if any sentinel lymph node biopsy was performed).
- 11 No proper value is applicable in this context (e.g., no sentinel lymph node biopsy performed; autopsy only case).
- 12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., sentinel lymph node biopsy performed but date is unknown).
- Blank A valid date value is provided in item Date of Sentinel Lymph Node Biopsy. Case was diagnosed prior to January 1, 2018. Case is not eligible for data item, not Melanoma of Skin or Breast. Data item is not collected, not required by standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

Modifications

NAACCR v18

- Item name Date Sentinel Lymph Node Biopsy Flag changed to Date of Sentinel Lymph Node Biopsy Flag in edit name, logic

**Date of Sentinel Lymph Node Biopsy, Date Flag (COC)**

Agency: COC

Last changed: 09/18/2018 22:30:24

Edit Tag N2514

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

General information on the inter-field editing of date and date flag fields:

The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

Date of Sentinel Lymph Node Biopsy and its corresponding date flag, Date Sentinel Lymph Node Biopsy Flag, may both be blank, indicating the date was

**Date of Sentinel Lymph Node Biopsy, Date Last Contact (COC)**

intentionally not collected. However, if either field is populated, they must be in agreement.

Another edit verifies that either the date or the flag is populated for Melanoma of Skin and Breast cases diagnosed 2018 and later.

1. If both Date of Sentinel Lymph Node Biopsy and Date Sentinel Lymph Node Biopsy Flag are blank, the edit is skipped.
2. If Date of Sentinel Lymph Node Biopsy is populated, then Date Sentinel Lymph Node Biopsy Flag must be blank.
3. If Date of Sentinel Lymph Node Biopsy is blank and Date Sentinel Lymph Node Biopsy Flag is not blank, then Date Sentinel Lymph Node Biopsy Flag must = 10 (unknown if sentinel lymph node biopsy performed), 11 (sentinel lymph node biopsy not performed), or 12 (sentinel lymph node biopsy performed, but date is unknown).

**Administrative Notes**

New edit - NAACCR v18 metafile

Modifications

NAACCR v18A

- Item name Date Sentinel Lymph Node Biopsy Flag changed to Date of Sentinel Lymph Node Biopsy Flag in edit description, logic

**Date of Sentinel Lymph Node Biopsy, Date Last Contact (COC)**

Agency: COC

Last changed: 02/28/2018 20:41:17

Edit Tag N2516

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if either Date of Sentinel Lymph Biopsy or Date of Last Contact is blank or invalid.

Date of Sentinel Lymph Node Biopsy must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

**Date of Sentinel Lymph Node Biopsy, Date of Diagnosis (COC)**

### ***Administrative Notes***

New edit - NAACCR v18 metafile

## **Date of Sentinel Lymph Node Biopsy, Date of Diagnosis (COC)**

Agency: COC

Last changed: 02/23/2018 20:21:51

*Edit Tag* N2517

### ***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### ***Description***

This edit is skipped if Date of Sentinel Lymph Node Biopsy or Date of Diagnosis is blank or invalid.

Date of Sentinel Lymph Node Biopsy must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

### ***Administrative Notes***

New edit - NAACCR v18 metafile

## **Date of Sentinel Lymph Node Biopsy, Schema ID, Date DX (MCR/SEER)**

Agency: NONE

Last changed: 04/12/2019 15:52:40

*Edit Tag* MA3970

### ***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### ***Description***

For sentinel lymph node biopsies, the edit verifies that either the date, or the date flag field,



**Date Regional Lymph Node Dissection (COC)**

is recorded for 2019 diagnoses and later for Melanoma of Skin and Breast (Schema IDs 00470 and 00480). For pre-2018 diagnoses, the edit checks that the sentinel node date and date flag are empty.

The edit is skipped for blank or invalid date of diagnosis.

1. If the year of Date of Diagnosis is before 2018, then Date of Sentinel Lymph Node Biopsy and Date of Sentinel Lymph Node Biopsy Flag must both be blank.
2. If the year of Date of Diagnosis is 2019 or later and schema is Melanoma of Skin (Schema ID 00470) or Breast (Schema ID 00480), either Date of Sentinel Lymph Node Biopsy or Date of Sentinel Lymph Node Biopsy Flag must be reported.

***Administrative Notes***

New edit - NAACCR v18 metafile

This edit differs from the CoC edit of the same name in not requiring the date and flag fields to be blank if the Schema ID is not 00470 or 00480.

**Modifications**

NAACCR v18A metafile

- Item name Date Sentinel Lymph Node Biopsy Flag changed to Date of Sentinel Lymph Node Biopsy Flag in edit description, logic

NAACCR v18C metafile

- Note added about difference from CoC edit

18C: MCR modification is to require the date/date flag for 2019+ instead of 2018+. The pre-2018 blank requirement remains. The MCR became a SEER registry during 2018.

**Date Regional Lymph Node Dissection (COC)**

Agency: COC

Last changed: 02/28/2018 20:11:39

*Edit Tag* N2518

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Date Regional Lymph Node Dissection Flag (COC)****Description**

This data item records the date non-sentinel regional node dissection was performed. This data item is collected for all cases.

This edit checks for valid date only. Another edit checks that the item and its corresponding date flag are recorded according to standard setter requirements by date of diagnosis.

The data item may be blank.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD      Century+Year, Month and Day are provided.  
 CCYYMM        Century+Year and Month. Day consists of two blank spaces.  
 CCYY           Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)  
 Highest allowed value: current system date  
 When month is known, it is checked to ensure it falls within range 01...12.  
 When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

**Administrative Notes**

New edit - NAACCR v18 metafile

**Date Regional Lymph Node Dissection Flag (COC)**

Agency: COC

Last changed: 02/28/2018 20:14:32

Edit Tag N2519

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The Date Regional Lymph Node Dissection Flag codes indicate why there is no appropriate value in the corresponding date field, Date Regional Lymph Node Dissection.

**Date Regional Lymph Node Dissection, Date Flag (COC)**

This edit checks for valid date flag codes only. Another edit checks that the item and its corresponding date are recorded according to standard setter requirements by date of diagnosis.

The data item may be blank.

Allowable codes:

- 10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if regional lymph node dissection was performed).
- 11 No proper value is applicable in this context (e.g., no regional lymph node dissection performed; autopsy only case).
- 12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., regional lymph node dissection performed but date is unknown).

Blank A valid date value is provided in item Date Regional Lymph Node Dissection.  
Case was diagnosed prior to January 1, 2018.  
Data item is not collected, not required by standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Date Regional Lymph Node Dissection, Date Flag (COC)**

Agency: COC

Last changed: 02/28/2018 20:17:14

*Edit Tag* N2520

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

General information on the inter-field editing of date and date flag fields:

The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

Date Regional Lymph Node Dissection and its corresponding date flag, Date Regional Lymph Node Dissection Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

**Date Regional Lymph Node Dissection, Date Flag, Date DX, CoC Flag (MCR/SEER)**

1. If both Date Regional Lymph Node Dissection and Date Regional Lymph Node Dissection Flag are blank, the edit is skipped.
2. If Date Regional Lymph Node Dissection is populated, then Date Regional Lymph Node Dissection Flag must be blank.
3. If Date Regional Lymph Node Dissection is blank and Date Regional Lymph Node Dissection Flag is not blank, then Date Regional Lymph Node Dissection Flag must = 10 (unknown if regional lymph node dissection performed), 11 (regional lymph node dissection not performed), or 12 (regional lymph node dissection performed, but date is unknown).

***Administrative Notes***

New edit - NAACCR v18 metafile

## Date Regional Lymph Node Dissection, Date Flag, Date DX, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/17/2019 14:22:34

Edit Tag MA3949

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped for blank or invalid date of diagnosis.

This edit verifies that Date Regional Lymph Node Dissection and its corresponding date flag field, Date Regional Lymph Node Dissection Flag, are blank for cases diagnosed before 2018.

Date Regional Lymph Node Dissection and its corresponding date flag field, Date Regional Lymph Node Dissection Flag, are required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

The edit verifies that either the date or the date flag field is coded for 2019 and later cases if the CoC Accredited Flag = 1.

**Date Regional Lymph Node Dissection, Date Last Contact (COC)*****Administrative Notes***

New edit - NAACCR v18 metafile

This edit differs from the COC edit of the same name in requiring the date or date flag field only if CoC Accredited Flag = 1.

18C: MCR modification is to require the procedure date/flag for 2019+ instead of 2018+. The pre-2018 blank check is not altered.

**Date Regional Lymph Node Dissection, Date Last Contact (COC)**

Agency: COC

Last changed: 02/28/2018 20:49:12

*Edit Tag* N2522

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date Regional Lymph Node Dissection or Date Last Contact is blank or invalid.

Date Regional Lymph Node Dissection must be less than or equal to Date of Last contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Date Regional Lymph Node Dissection, Date of Diagnosis (COC)**

Agency: COC

Last changed: 02/23/2018 20:46:35

*Edit Tag* N2523

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Date Regional Lymph Node Dissection, RX Date Surgery, CoC Flag (SEER)****Description**

This edit is skipped if Date Regional Lymph Node Dissection or Date of Diagnosis is blank or invalid.

Date Regional Lymph Node Dissection must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

**Administrative Notes**

New edit - NAACCR v18 metafile

**Date Regional Lymph Node Dissection, RX Date Surgery, CoC Flag (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N6086

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped for any of the following:

- Date Regional Lymph Node Dissection is blank (unknown) or invalid
- RX Date Surgery is blank (unknown) or invalid.
- Date of Diagnosis before 2019
- CoC Accredited Flag is not = 1

Date Regional Lymph Node Dissection must be greater than or equal to RX Date Surgery. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

**Administrative Notes**

New edit - NAACCR v18C metafile

**Diagnostic Confirmation (SEER DXCONF)**

Agency: SEER

Last changed: 02/02/2019 15:07:32

**Diagnostic Confirmation, Behavior ICDO3 (SEER IF31)***Edit Tag* N0003***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid Diagnostic Confirmation code (1-9).

Microscopically confirmed

- 1 Positive histology
- 2 Positive cytology, no positive histology
- 3 Positive histology PLUS  
Positive immunophenotyping AND/OR  
Positive genetic studies
- 4 Positive microscopic confirmation, method not specified

Not microscopically confirmed

- 5 Positive laboratory test/marker study
- 6 Direct visualization without microscopic confirmation
- 7 Radiography and other imaging techniques without microscopic confirmation
- 8 Clinical diagnosis only (other than 5, 6, or 7)
- 9 Unknown whether or not microscopically confirmed

***Administrative Notes***

Modifications:

NAACCR v12.0

- Added code 3 (positive histology PLUS positive immunophenotyping AND/OR positive genetic studies)

**Diagnostic Confirmation, Behavior ICDO3 (SEER IF31)**

Agency: SEER

Last changed: 04/16/2018 14:31:59

*Edit Tag* N0471***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Behavior Code ICD-O-3 is blank. If a case has been previously reviewed and accepted as coded (Over-ride-Histology = 2 or 3), no further checking is done.

For in situ cases (Behavior Code ICD-O-3 = 2), Diagnostic Confirmation must specify microscopic confirmation (1, 2 or 4).

**Diagnostic Confirmation, Histology ICD03 (SEER IF48)****Additional Information:**

The distinction between in situ and invasive is very important to a registry, since prognosis is so different, and in situ cases are usually excluded from incidence rate calculations. Since the determination that a neoplasm has not invaded surrounding tissue, i.e., is in situ, is made via the microscope, cases coded in situ in behavior should have a microscopic confirmation code. However, very rarely, a physician will designate a case noninvasive or in situ without microscopic evidence.

Check that Behavior Code and Diagnostic Confirmation have been coded correctly. Check carefully for any cytologic or histologic evidence that may have been missed in coding. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may also be required.

If upon review all items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Set the Over-ride--Histology field to 2 (or 3, if the flag is also being set for the Morphology -Type/Behavior (SEER MORPH) edit).

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF31\_3

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

**Modifications:**

NAACCR v11.3  
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v18  
- Name changed, space before (SEER IF31)

**Diagnostic Confirmation, Histology ICD03 (SEER IF48)**

Agency: SEER

Last changed: 04/09/2018 20:00:05

*Edit Tag* N0444

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |



**Diagnostic Confirmation, Histology ICDO3 (SEER IF48)****Description**

This edit is skipped if Histologic Type ICD-O-3 is blank.

If a case has been previously reviewed and accepted as coded (Over-ride Leuk, Lymphoma = 1), no further checking is done.

If Histologic Type ICD-O-3 = 9590 - 9992 (lymphoma and leukemia) then Diagnostic Confirmation cannot be 6 (direct visualization).

If Diagnostic Confirmation is 3 (positive histology PLUS positive immunophenotyping AND/OR positive genetic studies), then Histologic Type ICD-O-3 must = 9590-9992.

**Additional Information:**

Since lymphoma and leukemia are almost exclusively microscopic diagnoses, this edit forces review of any cases of lymphoma or leukemia that have diagnostic confirmation 6 (direct visualization).

Check that the Histologic Type and Diagnostic Confirmation are correctly coded. Remember that positive hematologic findings and bone marrow specimens are included as histologic confirmation (code 1 in Diagnostic Confirmation) for leukemias. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract.

If upon review, all items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Enter a 1 in the field Over-ride Leuk, Lymphoma to indicate that the coding is correct.

**EXAMPLE**

|                         |                          |
|-------------------------|--------------------------|
| HISTOLOGIC TYPE         | 9835/3                   |
| DIAGNOSTIC CONFIRMATION | 6 (DIRECT VISUALIZATION) |

On review, this leukemia diagnosis was based on a hematologic study, CBC. Correct the Diagnostic Confirmation code to 1 (Positive Histology).

**Administrative Notes**

In the SEER\*Edits software, the title of this edit is: IF48\_3

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

**Modifications:**

NAACCR v11.3  
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0

- Added:

If Diagnostic Confirmation is 3 (positive histology PLUS positive immunophenotyping AND/OR positive genetic studies), then Histologic

**EOD Mets (SEER)**

Type ICD-O-3 must = 9590-9992.

- Deleted logic that stated Diagnostic Confirmation cannot be 8 (clinical) for lymphoma
- Changed the range of histologies that cannot have Diagnostic Confirmation 6 (direct visualization) from "9590-9729, 9731-9948" to "9590-9992".

NAACCR v18

- Name changed, space before (SEER IF48), parenthesis added at end

**EOD Mets (SEER)**

Agency: SEER

Last changed: 03/21/2018 19:19:51

*Edit Tag* N2995

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid code for EOD Mets. May be blank.

Valid codes:

00  
05  
10  
20  
30  
40  
50  
60  
70  
88  
99  
blank

***Administrative Notes***

New edit - NAACCR v18 metafile

**EOD Primary Tumor (SEER)**

Agency: SEER

Last changed: 05/07/2019 21:08:10

**EOD Primary Tumor (SEER)***Edit Tag* N2993***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid code for EOD Primary Tumor. May be blank.

Valid codes:

000  
050  
070  
100  
110  
120  
125  
130  
150  
170  
175  
200  
210  
220  
225  
250  
275  
300  
325  
350  
370  
375  
400  
425  
450  
475  
500  
525  
550  
600  
650  
675  
700  
720  
750  
800  
888  
980  
999  
blank

**EOD Regional Nodes (SEER)*****Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v18D

- Description, logic updated to include 675 as valid code

**EOD Regional Nodes (SEER)**

Agency: SEER

Last changed: 03/21/2018 19:16:09

*Edit Tag* N2994

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid code for EOD Regional Nodes. May be blank.

Valid codes:

000  
030  
050  
070  
100  
150  
200  
250  
300  
350  
400  
450  
500  
550  
600  
650  
700  
750  
800  
888  
987  
999  
blank

**EOD Regional Nodes, Regional Nodes Positive (SEER)*****Administrative Notes***

New edit - NAACCR v18 metafile

**EOD Regional Nodes, Regional Nodes Positive (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

*Edit Tag* N6079***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that EOD Regional Nodes is coded consistently with Regional Nodes Positive.

- This edit is skipped if any of the following conditions is true:
  - Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
  - EOD Regional Nodes is blank
  - Regional Nodes Positive is blank
- If Regional Nodes Positive = 01-97 (positive nodes)  
 EOD Regional Nodes must not = 000 (no regional nodes positive)

***Administrative Notes***

New edit - NAACCR v18C metafile

**EOD--Tumor Size, Date of Diagnosis (COC)**

Agency: COC

Last changed: 11/30/2009

*Edit Tag* N0709***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If year of Date of Diagnosis is < 2004, then EOD--Tumor Size must not be blank.

**EOD2018, Date of Diagnosis (MCR/SEER)*****Administrative Notes***

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules

**EOD2018, Date of Diagnosis (MCR/SEER)**

Agency: NONE

Last changed: 04/12/2019 14:05:20

*Edit Tag* MA2987***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of Diagnosis is blank (unknown) or invalid.

The edit checks that EOD Primary Tumor, EOD Regional Nodes, and EOD Mets are blank for pre-2018 diagnoses and are coded for 2019 and later diagnoses.

Another edit, \_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR), checks that the Schema ID is assigned correctly by primary site, histology, and behavior for 2018+ diagnoses.

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to enforce the EOD requirement 2019+ instead of 2018+. The blank requirement for pre-2018 remains.

MCR became a SEER registry after 2018 began.

**ER Summary, Breast, ER Percent, CoC Flag (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

*Edit Tag* N6120***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Esophagus and EGJ Tumor Epicenter, Date DX (NAACCR)****Description**

This edit verifies consistency of coding of Estrogen Receptor Summary with Estrogen Receptor Percent Positive or Range.

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis is pre 2019, blank (unknown), or invalid.
  - b. Estrogen Receptor Summary is blank.
  - c. Estrogen Receptor Percent Positive or Range is blank or not applicable
  - d. CoC Accredited Flag is not 1
2. If Estrogen Receptor Percent Positive or Range = 001-100, R10-R99, then Estrogen Receptor Summary must not = 0 (negative).

**Administrative Notes**

New edit - NAACCR v18C metafile

**Esophagus and EGJ Tumor Epicenter, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2732

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Esophagus and EGJ Tumor Epicenter code or blank:
  - 0: U: Upper (Cervical/Proximal esophagus to lower border of azygos vein)
  - 1: M: Middle (Lower border of azygos vein to lower border of inferior pulmonary vein)
  - 2: L: Lower (Lower border of inferior pulmonary vein to stomach including gastroesophageal junction)
  - 9: X: Esophagus NOS;

**Esophagus and EGJ Tumor Epicenter, Schema ID, Required (MCR/NAACCR)**

Specific location of epicenter not documented in medical record

Specific location of epicenter not assessed or unknown if assessed

Another edit, Esophagus and EGJ Tumor Epicenter, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

The data item is required for AJCC staging and EOD Derived Stage Group.

**Administrative Notes**

New edit - NAACCR v18 metafile

**Esophagus and EGJ Tumor Epicenter, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/12/2019 13:52:28

Edit Tag MA2856

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Esophagus and EGJ Tumor Epicenter is coded (not blank) for the Schema IDs for which it is required by a standard setter.

The data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00161: Esophagus and Esophagus GE Junction (Squamous)



**Estrogen Receptor Percent Positive or Range, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Estrogen Receptor Percent Positive or Range, Date DX  
(NAACCR)**

Agency: NAACCR

Last changed: 08/28/2019 21:58:20

*Edit Tag* N2677

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Estrogen Receptor Percent Positive or Range code or blank:

000: ER negative, or stated as less than 1%  
001-100: 1-100 percent  
R10 Stated as 1-10%  
R20: Stated as 11-20%  
R30: Stated as 21-30%  
R40: Stated as 31-40%  
R50: Stated as 41-50%  
R60: Stated as 51-60%  
R70: Stated as 61-70%  
R80: Stated as 71-80%  
R90: Stated as 81-90%  
R99: Stated as 91-100%  
XX7: Test done, results not in chart  
XX8: Not applicable: Information not collected for this case  
XX9: Not documented in medical record  
Estrogen Receptor Percent Positive or Range not assessed or unknown if assessed

**Estrogen Receptor Percent Positive or Range, Schema ID, Required, CoC Flag (MCR/SEER)**

3. Numeric value must be right-justified and zero-filled.

Another edit, Estrogen Receptor Percent Positive or Range, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v18D

- Description, logic updated to include XX7

**Estrogen Receptor Percent Positive or Range, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/12/2019 13:49:03

Edit Tag MA3913

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Diagnosis date before 2019, blank (unknown), or invalid
  - Schema ID is blank
  - CoC Accredited Flag not = 1

Estrogen Receptor Percent Positive or Range is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

- This edit verifies that Estrogen Receptor Percent Positive or Range is not "XX8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

**Estrogen Receptor Summary, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Estrogen Receptor Summary, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2733

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Estrogen Receptor Summary code or blank:

- 0: ER negative
- 1: ER positive
- 7: Test done, results not in chart
- 9: Not documented in medical record
- Cannot be determined (indeterminate)
- Estrogen Receptor Summary status not assessed or unknown if assessed

Another edit, Estrogen Receptor Summary, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

***Administrative Notes***

New edit - NAACCR v18 metafile

Estrogen Receptor Summary, Schema ID, Required (NAACCR)

**Estrogen Receptor Summary, Schema ID, Required (NAACCR)**

Agency: NAACCR

Last changed: 11/04/2018 11:27:55

*Edit Tag N2877****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Estrogen Receptor Summary is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00480: Breast

***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v18C

- Logic corrected to fail rather than pass if Estrogen Receptor Summary is blank

**Estrogen Receptor Total Allred Score, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag N2678****Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
|---------------|--------------|-------------|

EditWriter 5

420

10/17/2019 02:45 PM

**Estrogen Receptor Total Allred Score, Schema ID, Required, CoC Flag (MCR/SEER)**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Estrogen Receptor Total Allred Score code or blank:

00: Total ER Allred Score of 0  
 01: Total ER Allred Score of 1  
 02: Total ER Allred Score of 2  
 03: Total ER Allred Score of 3  
 04: Total ER Allred Score of 4  
 05: Total ER Allred Score of 5  
 06: Total ER Allred Score of 6  
 07: Total ER Allred Score of 7  
 08: Total ER Allred Score of 8

X8: Not applicable: Information not collected for this case

X9: Not documented in medical record

Estrogen Receptor Total Allred Score not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, Estrogen Receptor Total Allred Score, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

## Estrogen Receptor Total Allred Score, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 10/15/2019 17:25:35

Edit Tag MA3914

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Extranodal Extension Clin (non-Head and Neck), Date DX (NAACCR)****Description**

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Estrogen Receptor Total Allred Score is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Estrogen Receptor Total Allred Score is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

**Administrative Notes**

New edit - NAACCR v18 metafile

Modifications

NAACCR v18C

- Logic corrected to fail rather than pass if Estrogen Receptor Total Allred Score is blank

18D: MCR modification is to skip for pre-2019 rather than pre-2018 diagnoses. NPCR clarified that it does not require this field.

**Extranodal Extension Clin (non-Head and Neck), Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:26:34

Edit Tag N3002

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

**Extranodal Extension Clin (non-Head and Neck), Schema ID, Required, CoC Flag (MCR/SEER)**

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Extranodal Extension Clin (non-Head and Neck) code or blank:
  - 0: Regional lymph nodes involved, ENE not present/not identified during diagnostic workup
  - 1: Regional lymph nodes involved, ENE present/identified during diagnostic workup, based on physical exam and/or imaging
  - 2: Regional lymph nodes involved, ENE present/identified during diagnostic workup, based on microscopic confirmation
  - 7: No lymph node involvement during diagnostic workup (cN0)
  - 8: Not applicable: Information not collected for this case
  - 9: Not documented in medical record
    - Clinical ENE not assessed or unknown if assessed during diagnostic workup
    - Clinical assessment of lymph nodes not done, or unknown if done

Another edit, Extranodal Extension Clin (non-Head and Neck), Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Extranodal Extension Clin (non-Head and Neck), Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/12/2019 13:41:55

Edit Tag MA3915

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Extranodal Extension Clin (non-Head and Neck) is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

**Extranodal Extension Head and Neck Clin/Path, EOD Regional Nodes, CoC Flag (SEER)**

2. This edit verifies that Extranodal Extension Clin (non-Head and Neck) is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00460: Merkel Cell  
00570: Penis

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## Extranodal Extension Head and Neck Clin/Path, EOD Regional Nodes, CoC Flag (SEER)

Agency: SEER

Last changed: 07/18/2019 23:38:24

Edit Tag N3090

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the extranodal extension SSDIs are coded consistently with EOD Regional Nodes for head and neck sites.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID is not 00060, 00071, 00072, 00073, 00074, 00075, 00076, 00077, 00080, 00090, 00100, 00111, 00112, 00121, 00122, 00130, 00131, 00132, 00133, 00140
  - Either Extranodal Extension Head and Neck Clinical or Extranodal Extension Head and Pathological is blank or not applicable
  - EOD Regional Nodes is blank.
  - CoC Accredited Flag is not 1

2. If Extranodal Extension Head and Neck Clinical = 7 (cN0) and Extranodal  
EditWriter 5



**Extranodal Extension Head and Neck Clin/Path, Summary Stage 2018, CoC Flag (MCR/SEER)**

Extension Head and Neck Pathological = X.7 (pN0),  
EOD Regional Nodes must = 000.

3. If Extranodal Extension Head and Neck Clinical = 0 (regional nodes involved, ENE not present) or 7 (no nodes involved), and Extranodal Extension Head and Neck Pathological = 0.0 (regional nodes involved, ENE not present), EOD Regional Nodes must = 100, 200, 250, 300, 400 (clinical or pathological nodal involvement, ENE not present or unknown), or 800 (regional nodal involvement NOS) (excluding Schema IDs 00090 Nasopharynx, 00100 Oropharynx p16+, 00140 Melanoma Head and Neck).
5. If Extranodal Extension Head and Neck Clinical = 1 or 2 (clinical nodal involvement, ENE present), and Extranodal Extension Head and Neck Pathological = X.7 (no nodal involvement), EOD Regional Nodes must = 450 (clinical nodal involvement, overt ENE) (excluding Schema IDs 00090 Nasopharynx, 00100 Oropharynx p16+, 00130 Larynx Other, 00140 Melanoma Head and Neck).

***Administrative Notes***

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D

- Error message added

## Extranodal Extension Head and Neck Clin/Path, Summary Stage 2018, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/12/2019 13:20:10

Edit Tag MA6116

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the Extranodal Extension SSDIs (Clinical and Pathological) are coded consistently with Summary Stage 2018 for head and neck sites.

1. The edit is skipped for the following conditions:

**Extranodal Extension Head and Neck Clinical, Date DX (NAACCR)**

- a. Date of Diagnosis before 2018, blank (unknown), or invalid.
  - b. Schema ID is not 00060, 00071, 00072, 00073, 00074, 00075, 00076, 00077, 00080, 00090, 00100, 00111, 00112, 00121, 00122, 00130, 00131, 00132, 00133, 00140
  - c. Extranodal Extension Head and Neck Clinical and Extranodal Extension Head and Pathological are both blank or not applicable
  - d. Summary Stage 2018 is blank.
  - e. CoC Accredited Flag is not 1
2. If Extranodal Extension Head and Neck Clinical = 7 (cN0) and Extranodal Extension Head and Neck Pathological = X.7 (pN0), Summary Stage 2018 must not = 3 or 4 (regional nodes involved).
  3. If Extranodal Extension Head and Neck Clinical = 0, 1 or 2 (clinical nodal involvement), or Extranodal Extension Head and Neck Pathological = 0.0-9.9, X.1-X.4 (nodal involvement), Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, or regional by extension only)

**Administrative Notes**

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019, and to add a few words to the Description.

## Extranodal Extension Head and Neck Clinical, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2729

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Extranodal Extension Head and Neck Clinical code or blank:
  - 0: Regional lymph nodes involved, ENE not present/not identified during diagnostic workup
  - 1: Regional lymph nodes involved, ENE present/identified during diagnostic

**Extranodal Extension Head and Neck Clinical, Schema ID, Required, CoC Flag (MCR/SEER)**

- workup, based on physical exam WITH or WITHOUT imaging
- 2: Regional lymph nodes involved, ENE present/identified during diagnostic workup, based on microscopic confirmation
- 7: No lymph node involvement during diagnostic workup (cN0)
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
  - ENE not assessed during diagnostic workup, or unknown if assessed
  - Clinical assessment of lymph nodes not done, or unknown if done

Another edit, Extranodal Extension Head and Neck Clinical, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

## Extranodal Extension Head and Neck Clinical, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 10/15/2019 11:02:56

Edit Tag MA3916

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1.

Extranodal Extension Head and Neck Clinical is required by SEER only if collected by  
a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Extranodal Extension Head and Neck Clinical is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

**Extranodal Extension Head and Neck Path, EOD Regional Nodes (SEER)**

00060: Cervical Lymph Nodes and Unknown Primary  
 00071: Lip  
 00072: Tongue Anterior  
 00073: Gum  
 00074: Floor of Mouth  
 00075: Palate Hard  
 00076: Buccal Mucosa  
 00077: Mouth Other  
 00080: Major Salivary Glands  
 00090: Nasopharynx  
 00100: Oropharynx HPV-Mediated (p16+)  
 00111: Oropharynx (p16-)  
 00112: Hypopharynx  
 00121: Maxillary Sinus  
 00122: Nasal Cavity and Ethmoid Sinus  
 00130: Larynx Other  
 00131: Larynx Supraglottic  
 00132: Larynx Glottic  
 00133: Larynx Subglottic  
 00140: Melanoma Head and Neck

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018, and to change a SSDI name in the Description.  
 (In 18D the SEER  
 version of the edit corrected that SSDI name.)

## Extranodal Extension Head and Neck Path, EOD Regional Nodes (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N5045

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Extranodal Extension Head and Neck Pathological SSDI is coded

**Extranodal Extension Head and Neck Path, Reg Nodes Pos/Ex (NAACCR)**

consistently with EOD Regional Nodes for head and neck sites.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
  - b. Schema ID is not 00060, 00071, 00072, 00073, 00074, 00075, 00076, 00077, 00080, 00111, 00112, 00121, 00122, 00130, 00131, 00132, 00133
  - c. Extranodal Extension Head and Neck Pathological is blank or not applicable
  - d. EOD Regional Nodes is blank.
2. If Extranodal Extension Head and Neck Pathological = 0.0 (regional nodes involved, ENE not present),  
EOD Regional Nodes must = 100, 200, 250, 300, 400 (clinical or pathological nodal involvement, ENE not present or unknown), 450 (clinically overt ENE), or 800 (regional nodes NOS).
3. If Extranodal Extension Head and Neck Pathological = 0.1-9.9, X.1, X.2, X.3, or X.4 (pathological nodal involvement, ENE present)  
EOD Regional Nodes must = 150, 500, 600, or 700 (pathological nodal involvement, ENE present).

**Administrative Notes**

New edit - NAACCR v18C metafile

## Extranodal Extension Head and Neck Path, Reg Nodes Pos/Ex (NAACCR)

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

Edit Tag N6107

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit verifies consistent coding between Extranodal Extension Head and Neck Pathological and Regional Nodes Positive, Regional Nodes Examined.

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis is pre-2019, blank (unknown), or invalid.
  - b. Schema ID is not 00060, 00071, 00072, 00073, 00074, 00075, 00076, 00077, 00080, 00090, 00100, 00111, 00112, 00121, 00122, 00130, 00131, 00132,

**Extranodal Extension Head and Neck Path, Summary Stage 2018 (MCR/NAACCR)**

00133, 00140

- c. Extranodal Extension Head and Neck Pathological is blank
  - d. Regional Nodes Positive and Regional Nodes Examined are both blank
2. If Extranodal Extension Head and Neck Pathological = 0.0, 0.1-9.9, X.1-X.4 (positive nodal involvement), Regional Nodes Positive must not = 00 or 98 and Regional Nodes Examined must not = 00.
  3. If Regional Nodes Positive = 00, Extranodal Extension Head and Neck Pathological must = X.7 (surgically resected regional lymph nodes negative for cancer) or X.9 (no surgical resection of lymph nodes) .
  4. If Regional Nodes Examined = 00 or Regional Nodes Positive = 98, Extranodal Extension Head and Neck Pathological must = X.9 (no surgical resection of regional lymph nodes)

***Administrative Notes***

New edit - NAACCR v18C metafile

**Extranodal Extension Head and Neck Path, Summary Stage 2018 (MCR/NAACCR)**

Agency: NONE

Last changed: 04/11/2019 23:35:14

*Edit Tag* MA5044***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the Extranodal Extension Head and Neck Pathological is is coded consistently with Summary Stage 2018 for head and neck sites.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
  - b. Schema ID is not 00060, 00071, 00072, 00073, 00074, 00075, 00076, 00077, 00080, 00090, 00100, 00111, 00112, 00121, 00122, 00130, 00131, 00132, 00133, 00140
  - c. Extranodal Extension Head and Neck Pathological is blank or not applicable
  - d. Summary Stage 2018 is blank.

**Extranodal Extension Head and Neck Pathological, Date DX (NAACCR)**

2. If Extranodal Extension Head and Neck Pathological = 0.0-9.9, X.1, X.2, X.3, or X.4 (Pathological nodal involvement)  
Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, or regional by extension only)

***Administrative Notes***

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019.

**Extranodal Extension Head and Neck Pathological, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2730

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Extranodal Extension Head and Neck Pathological code or blank:

0.0: Lymph nodes positive for cancer but ENE not identified or negative  
 0.1-9.9: ENE 0.1 to 9.9 mm  
 X.1: ENE 10 mm or greater  
 X.2: ENE microscopic, size unknown  
     Stated as ENE (mi)  
 X.3: ENE major, size unknown  
     Stated as ENE (ma)  
 X.4: ENE present, microscopic or major unknown, size unknown  
 X.7: Surgically resected regional lymph nodes negative for cancer (pN0)  
 X.8: Not applicable: Information not collected for this case  
 X.9: Not documented in medical record  
     No surgical resection of regional lymph nodes  
     ENE not assessed pathologically, or unknown if assessed;  
     Pathological assessment of lymph nodes not done, or unknown if done

3. Code must be right-justified and contain one place after decimal point.

**Extranodal Extension Head and Neck Pathological, Schema ID, Required (MCR/NAACCR)**

Another edit, Extranodal Extension Head and Neck Pathological, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Extranodal Extension Head and Neck Pathological, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/11/2019 23:30:45

Edit Tag MA3001

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Extranodal Extension Head and Neck Pathological is not "X.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00060: Cervical Lymph Nodes and Unknown Primary  
 00071: Lip  
 00072: Tongue Anterior  
 00073: Gum  
 00074: Floor of Mouth  
 00075: Palate Hard  
 00076: Buccal Mucosa  
 00077: Mouth Other  
 00080: Major Salivary Glands  
 00090: Nasopharynx  
 00100: Oropharynx HPV-Mediated (p16+)  
 00111: Oropharynx (p16-)  
 00112: Hypopharynx



**Extranodal Extension Path (non-Head and Neck), Date DX (NAACCR)**

00121: Maxillary Sinus  
 00122: Nasal Cavity and Ethmoid Sinus  
 00130: Larynx Other  
 00131: Larynx Supraglottic  
 00132: Larynx Glottic  
 00133: Larynx Subglottic  
 00140: Melanoma Head and Neck

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## Extranodal Extension Path (non-Head and Neck), Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:26:51

Edit Tag N3004

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Extranodal Extension Path (non-Head and Neck) code or blank:

0: Regional lymph nodes involved, ENE not present/not identified from surgical resection  
 1: Regional lymph nodes involved, ENE present/identified from surgical resection  
 7: No lymph node involvement from surgical resection (pN0)  
 8: Not applicable: Information not collected for this case  
 9: Not documented in medical record  
     No surgical resection of regional lymph nodes  
     Cannot be determined  
 Pathological assessment of lymph nodes not done, or unknown if done  
 Extranodal Extension Path (non-Head and Neck) not assessed or unknown

**Extranodal Extension Path (non-Head and Neck), Reg Nodes Pos/Ex, CoC Flag (SEER)**  
if assessed

Another edit, Extranodal Extension Path (non-Head and Neck), Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

### ***Administrative Notes***

New edit - NAACCR v18 metafile

## **Extranodal Extension Path (non-Head and Neck), Reg Nodes Pos/Ex, CoC Flag (SEER)**

Agency: SEER

Last changed: 07/18/2019 23:35:30

Edit Tag N6109

### ***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### ***Description***

This edit verifies consistent coding between Extranodal Extension Path (non-Head and Neck) and Regional Nodes Positive, Regional Nodes Examined.

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis is pre-2019, blank (unknown), or invalid.
  - b. Schema ID is not 00460, 00570
  - c. Extranodal Extension non-Head and Neck Pathological is blank
  - d. Regional Nodes Positive and Regional Nodes Examined are both blank
  - e. CoC Accredited Flag is not 1
2. If Extranodal Extension non-Head and Neck Pathological = 0 or 1 (positive nodal involvement), Regional Nodes Positive must not = 00 or 98 and Regional Nodes Examined must not = 00.
3. If Regional Nodes Positive = 00, Extranodal Extension Head and Neck Pathological must = 7 (surgically resected regional lymph nodes negative for cancer) or 9 (no surgical resection of lymph nodes) .
4. If Regional Nodes Examined = 00 or Regional Nodes Positive = 98, Extranodal Extension Head and Neck Pathological must = 9 (no surgical resection of regional lymph nodes)

**Extranodal Extension Path (non-Head and Neck), Schema ID, Required, CoC Flag (MCR/SEER)*****Administrative Notes***

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D

- Error message corrected

**Extranodal Extension Path (non-Head and Neck), Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/11/2019 18:16:57

Edit Tag MA3917

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Extranodal Extension Path (non-Head and Neck) is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that Extranodal Extension Path (non-Head and Neck) is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00460: Merkel Cell

00570: Penis

**Extranodal Extension, Merkel Cell, EOD Regional Nodes, CoC Flag (SEER)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## **Extranodal Extension, Merkel Cell, EOD Regional Nodes, CoC Flag (SEER)**

Agency: SEER

Last changed: 03/23/2019 10:46:51

Edit Tag N3043

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the extranodal extension SSDIs are coded consistently with EOD Regional Nodes for Merkel Cell Carcinoma.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID is not 00460
  - Extranodal Extension Clin (non-Head and Neck) and Extranodal Extension Path (non-Head and Neck) are both blank or both not applicable
  - EOD Regional Nodes is blank
  - CoC Accredited Flag is not 1
- If Extranodal Extension Clin (non-Head and Neck) = 7 (no lymph node involvement during diagnostic workup) and Extranodal Extension Path (non-Head and Neck) = 7 (no lymph node involvement from surgical resection), EOD Regional Nodes must = 000 (no lymph node involvement)
- If Extranodal Extension Clin (non-Head and Neck) = 0, 1, or 2 (regional nodes involved), and Extranodal Extension Path (non-Head and Neck) = 7 (no regional nodes involved), EOD Regional Nodes must = 100 (clinical without biopsy), 200 (clinical on core biopsy/FNA), 650 (clinical in transit and nodal metastases), or 800 (regional nodes NOS)
- If Extranodal Extension Clin (non-Head and Neck) = 7 (no nodes involved) and Extranodal Extension Path (non-Head and Neck) = 0 or 1 (nodes involved) EOD Regional Nodes must = 300 or 350 (clinically occult, positive

**Extranodal Extension, Merkel Cell, Summary Stage 2018, CoC Flag (MCR/SEER)**  
 pathologically), 500 (clinically unknown, positive pathologically), or  
 750 (clinically unknown or negative, positive pathologically)

5. If Extranodal Extension Clin (non-Head and Neck) = 0,1, or 2 (nodes involved)  
 and Extranodal Extension Path (non-Head and Neck) = 0 or 1 (nodes involved)  
 EOD Regional Nodes must = 400 (clinically and pathologically positive nodes), or  
 750 (pathologically positive nodes with in transit metastasis)

## Administrative Notes

New edit - NAACCR v18C metafile

# Extranodal Extension, Merkel Cell, Summary Stage 2018, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/11/2019 17:32:56

Edit Tag MA6117

## Edit Sets

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

## Description

This edit verifies that the Extranodal Extension SSDIs are coded consistently with Summary Stage 2018 for Merkel Cell Carcinoma.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
  - b. Schema ID is not 00460
  - c. Extranodal Extension Clin (non-Head and Neck) and  
 Extranodal Extension Path (non-Head and Neck) are both blank or both not  
 applicable
  - d. Summary Stage 2018 is blank
  - e. CoC Accredited Flag is not 1
2. If Extranodal Extension Clin (non-Head and Neck) = 7 (no lymph node  
 involvement during diagnostic workup) and Extranodal Extension Path  
 (non-Head and Neck) = 7 (no lymph node involvement from surgical resection),  
 Summary Stage 2018 must not = 3 or 4 (lymph node involvement)
2. If Extranodal Extension Clin (non-Head and Neck) = 0, 1, or 2 (regional nodes  
 involved), or Extranodal Extension Path (non-Head and Neck) = 0 or 1  
 (regional nodes involved),  
 Summary Stage 2018 must not = 0, 1 or 2 (in situ, local, or regional by direct  
 extension only)

**Extranodal Extension, Penis, EOD Regional Nodes, CoC Flag (SEER)*****Administrative Notes***

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019.

**Extranodal Extension, Penis, EOD Regional Nodes, CoC Flag (SEER)**

Agency: SEER

Last changed: 03/23/2019 10:43:39

*Edit Tag* N3035

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the extranodal extension SSDIs are coded consistently with EOD Regional Nodes for Penis.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID is not 00570
  - Extranodal Extension Clin (non-Head and Neck) and Extranodal Extension Path (non-Head and Neck) are both blank or both = 8 (not applicable)
  - EOD Regional Nodes is blank
  - CoC Accredited Flag is not 1
- If Extranodal Extension Clin (non-Head and Neck) = 7 (no lymph node involvement during diagnostic workup) and Extranodal Extension Path (non-Head and Neck) = 7 (no lymph node involvement from surgical resection), EOD Regional Nodes must = 000 (no lymph node involvement)
- If Extranodal Extension Clin (non-Head and Neck) = 0, 1, or 2 (nodes involved clinically) and Extranodal Extension Path (non-Head and Neck) = 7 (no nodes involved on surgical resection) EOD Regional Nodes must = 100, 200, 300 (clinical nodal involvement) or 800 (regional nodes NOS)
- If Extranodal Extension Path (non-Head and Neck), = 0 (nodes involved, no ENE) EOD Regional Nodes must = 400 (positive inguinal nodes without nodal extension) or 500 (pathological nodes with ENE or pathological pelvic nodes)
- If Extranodal Extension Path (non-Head and Neck), = 1 (nodes involved, ENE

**Extranodal Extension, Penis, Summary Stage 2018, CoC Flag (MCR/SEER)**  
present)  
EOD Regional Nodes must = 500 (pathological nodes with ENE or pathological  
pelvic nodes)

## Administrative Notes

New edit - NAACCR v18C metafile

# Extranodal Extension, Penis, Summary Stage 2018, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/11/2019 17:24:11

Edit Tag MA6118

## Edit Sets

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

## Description

This edit verifies that the Extranodal Extension SSDIs are coded consistently with Summary Stage 2018 for Penis.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2018, blank (unknown), or invalid.
  - Schema ID is not 00570
  - Extranodal Extension Clin (non-Head and Neck) and Extranodal Extension Path (non-Head and Neck) are both blank or both = 8 (not applicable)
  - Summary Stage 2018 is blank
  - CoC Accredited Flag is not 1
- If Extranodal Extension Clin (non-Head and Neck) = 7 (no lymph node involvement during diagnostic workup) and Extranodal Extension Path (non-Head and Neck) = 7 (no lymph node involvement from surgical resection), Summary Stage 2018 must not = 3 or 4 (lymph node involvement)
- If Extranodal Extension Clin (non-Head and Neck) = 0, 1, or 2 (nodes involved clinically) or Extranodal Extension Path (non-Head and Neck) = 0 or 1 (nodes involved pathologically) Summary Stage 2018 must not = 0, 1 or 2 (in situ, local, or regional by direct extension only)

**Extravascular Matrix Patterns, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019.

**Extravascular Matrix Patterns, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2667

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Extravascular Matrix Patterns code or blank:

- 0: Extravascular matrix patterns not present/not identified
- 1: Extravascular matrix patterns present
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
- Extravascular Matrix Patterns not assessed or unknown if assessed

Another edit, Extravascular Matrix Patterns, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Extravascular Matrix Patterns, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/11/2019 17:16:51

*Edit Tag* MA3918



**Fibrosis Score, Date DX (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Extravascular Matrix Patterns is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that Extravascular Matrix Patterns is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00671: Melanoma Uvea (Iris)

00672: Melanoma Uvea (Choroid and Ciliary Body)

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Fibrosis Score, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2720

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Fibrosis Score, Schema ID, Required (NAACCR)****Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Fibrosis Score code or blank:

- 0: Ishak fibrosis score 0-4
  - No to moderate fibrosis
  - METAVIR score F0-F3
  - Batt-Ludwig score 0-3
- 1: Ishak fibrosis score 5-6
  - Advanced/severe fibrosis
  - METAVIR score F4
  - Batt-Ludwig score 4
  - Developing cirrhosis
  - Incomplete cirrhosis
  - Transition to cirrhosis
  - Cirrhosis, probable or definite
  - Cirrhosis, NOS
- 7: Clinical statement of advanced/severe fibrosis or cirrhosis, AND
  - Not histologically confirmed or unknown if histologically confirmed
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
  - Stated in medical record that patient does not have advanced cirrhosis/advanced fibrosis, not histologically confirmed or unknown if histologically confirmed
  - Fibrosis Score stated but cannot be assigned to codes 0 or 1
  - Fibrosis Score stated but scoring system not recorded
  - Fibrosis Score not assessed or unknown if assessed

Another edit, Fibrosis Score, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

**Fibrosis Score, Schema ID, Required (NAACCR)**

Agency: NAACCR

Last changed: 07/28/2018 11:28:17

Edit Tag N2955

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**FIGO Stage, Behavior (NAACCR)****Description**

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Fibrosis Score is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00220: Liver  
00230: Intrahepatic Bile Ducts

**Administrative Notes**

New edit - NAACCR v18 metafile

**FIGO Stage, Behavior (NAACCR)**

Agency: NAACCR

Last changed: 05/26/2018 15:34:32

Edit Tag N3030

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit verifies that the FIGO Stage SSDI is coded consistently with Behavior ICD-O-3.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2018, blank (unknown), or invalid
  - b. Schema ID not = 00500, 00510, 00520, 00530, 00541, 00542, 00551, 00552, 00553, 00560
  - c. FIGO Stage is blank or = 98 (not applicable)
  - d. Behavior Code ICD-O-3 is 0, 1, or blank
2. The edit verifies that if Behavior Code ICD-O-3 = "2",  
FIGO Stage = "97" (Carcinoma in situ) or "98" (not collected for this case).

**FIGO Stage, Date DX (NAACCR)**

3. The edit verifies that if Behavior Code ICD-O-3 = "3",  
FIGO Stage must not = "97" (Carcinoma in situ).

***Administrative Notes***

New edit - NAACCR v18 metafile

**FIGO Stage, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:29:44

*Edit Tag* N2879

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid FIGO Stage code or blank:

```

01: FIGO Stage I
02: FIGO Stage IA
03: FIGO Stage IA1
04: FIGO Stage IA2
05: FIGO Stage 1B
06: FIGO Stage IB1
07: FIGO Stage IB2
08: FIGO Stage IC
09: FIGO Stage IC1
10: FIGO Stage IC2
11: FIGO Stage IC3
20: FIGO Stage II
21: FIGO Stage IIA
22: FIGO Stage IIA1
23: FIGO Stage IIA2
24: FIGO Stage IIB
30: FIGO Stage III
31: FIGO Stage IIIA
32: FIGO Stage IIIA1
33: FIGO Stage IIIA1i
34: FIGO Stage IIIA1ii
35: FIGO Stage IIIA2
36: FIGO Stage IIIB

```

**FIGO Stage, Gynecologic, EOD Primary Tumor (SEER)**

37: FIGO Stage IIIC  
 38: FIGO Stage IIIC1  
 39: FIGO Stage IIIC2  
 40: FIGO Stage IV  
 41: FIGO Stage IVA  
 42: FIGO Stage IVB  
 97: Not applicable: Carcinoma in situ (intraepithelial, noninvasive, preinvasive)  
 98: Not applicable: Information not collected for this case  
 99: Not documented in medical record  
     FIGO Stage unknown, not assessed or unknown if assessed

Another edit, FIGO Stage, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**FIGO Stage, Gynecologic, EOD Primary Tumor (SEER)**

Agency: SEER

Last changed: 07/14/2019 15:57:57

*Edit Tag* N6092

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit verifies that the FIGO Stage SSDI is coded consistently with EOD Primary Tumor.

- The edit is skipped for the following condition:
  - Date of diagnosis before 2019, blank (unknown), or invalid.
  - FIGO Stage is blank.
  - Schema ID is not 00500, 00510, 00520, 00530, 00551, 00552, 00553, 00560
  - EOD Primary Tumor is blank
- The edit verifies that if FIGO Stage = 97 (Carcinoma in situ),  
EOD Primary Tumor must = 000 (Carcinoma in situ).

**FIGO Stage, Gynecologic, Schema ID (NAACCR)**

3. If EOD Primary Tumor = 000, FIGO Stage must = 97.

***Administrative Notes***

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D

- Error message corrected

**FIGO Stage, Gynecologic, Schema ID (NAACCR)**

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

Edit Tag N2880

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for the following condition:
  - Date of diagnosis before 2019, blank (unknown), or invalid.
  - FIGO Stage is blank.
  - Schema ID is not 00500, 00510, 00520, 00530, 00541, 00542, 00551, 00552, 00553, 00560
- This edit verifies that FIGO Stage is coded appropriately by Schema ID as shown in the following chart:

Code

Schema ID

|                    | 00500 | 00510 | 00520 | 00530 | 00541 | 00542 | 00551 | 00552 | 00560 |
|--------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|                    |       |       |       |       |       |       | 00553 |       |       |
| 01: FIGO Stage I   | X     | X     | X     | X     | X     | X     | X     |       | X     |
| 02: FIGO Stage IA  | X     |       | X     | X     | X     | X     | X     |       |       |
| 03: FIGO Stage IA1 |       |       | X     |       |       |       |       |       |       |
| 04: FIGO Stage IA2 |       |       | X     |       |       |       |       |       |       |
| 05: FIGO Stage IB  | X     |       | X     | X     | X     | X     | X     |       |       |
| 06: FIGO Stage IB1 |       |       | X     |       |       |       |       |       |       |
| 07: FIGO Stage IB2 |       |       | X     |       |       |       |       |       |       |
| 08: FIGO Stage IC  |       |       |       |       |       | X     | X     |       |       |
| 09: FIGO Stage IC1 |       |       |       |       |       |       | X     |       |       |
| 10: FIGO Stage IC2 |       |       |       |       |       |       | X     |       |       |
| 11: FIGO Stage IC3 |       |       |       |       |       |       | X     |       |       |
| 20: FIGO Stage II  | X     | X     | X     | X     | X     | X     | X     | X     | X     |
| 21: FIGO Stage IIA |       |       | X     |       | X     | X     | X     | X     |       |

| FIGO Stage, Schema ID, Required (MCR/NAACCR) |         |    |    |    |    |    |    |    |    |    |
|----------------------------------------------|---------|----|----|----|----|----|----|----|----|----|
| 22: FIGO Stage                               | IIA1    |    |    |    |    |    |    |    |    | X  |
| 23: FIGO Stage                               | IIA2    |    |    |    |    |    |    |    |    | X  |
| 24: FIGO Stage                               | IIB     |    |    |    |    | X  | X  | X  | X  |    |
| 30: FIGO Stage                               | III     | X  | X  | X  | X  | X  | X  | X  | X  | X  |
| 31: FIGO Stage                               | IIIA    | X  |    | X  | X  | X  | X  | X  | X  |    |
| 32: FIGO Stage                               | IIIA1   |    |    |    |    |    |    | X  | X  |    |
| 33: FIGO Stage                               | IIIA1i  |    |    |    |    |    |    | X  | X  |    |
| 34: FIGO Stage                               | IIIA1ii |    |    |    |    |    |    | X  | X  |    |
| 35: FIGO Stage                               | IIIA2   |    |    |    |    |    |    | X  | X  |    |
| 36: FIGO Stage                               | IIIB    | X  |    | X  | X  | X  | X  | X  | X  |    |
| 37: FIGO Stage                               | IIIC    | X  |    |    | X  | X  | X  | X  | X  |    |
| 38: FIGO Stage                               | IIIC1   |    |    |    | X  |    |    |    |    |    |
| 39: FIGO Stage                               | IIIC2   |    |    |    | X  |    |    |    |    |    |
| 40: FIGO Stage                               | IV      | X  | X  | X  | X  | X  | X  | X  | X  | X  |
| 41: FIGO Stage                               | IVA     | X  | X  | X  | X  | X  | X  | X  | X  |    |
| 42: FIGO Stage                               | IVB     | X  | X  | X  | X  | X  | X  | X  | X  |    |
| 97: NA, Ca in situ                           |         | 97 | 97 | 97 | 97 |    |    | 97 | 97 | 97 |
| 98: NA, not collected                        |         | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| 99: Unknown                                  |         | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |

## Administrative Notes

New edit - NAACCR v18C metafile

## FIGO Stage, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/11/2019 17:06:43

Edit Tag MA2624

## Edit Sets

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

## Description

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that FIGO Stage is not "98" (not applicable) and not blank for the Schema IDs for which it is required.

Required for Schema ID:

00500: Vulva  
00510: Vagina  
00520: Cervix

**FIGO Stage, Summary Stage 2018 (MCR/NAACCR)**

00530: Corpus Carcinoma and Carcinosarcoma  
00541: Corpus Sarcoma (Sarcoma)  
00542: Corpus Sarcoma (Adenosarcoma)  
00551: Ovary  
00552: Primary Peritoneal Carcinoma  
00553: Fallopian Tube  
00560: Placenta

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**FIGO Stage, Summary Stage 2018 (MCR/NAACCR)**

Agency: NONE

Last changed: 04/11/2019 17:04:33

*Edit Tag* MA5048

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit verifies that the FIGO Stage SSDI is coded consistently with Summary Stage 2018 for carcinomas in-situ.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2018, blank, or invalid
  - Schema ID not = 00500, 00510, 00520, 00530, 00551, 00552, 00553, 00560
  - FIGO Stage is blank or = 98 (not applicable)
  - Summary Stage 2018 blank
- The edit verifies that if FIGO Stage = 97 (Carcinoma in situ), Summary Stage 2018 must = 0 (Carcinoma in situ).
- If Summary Stage 2018 = 0, FIGO Stage must = 97.

***Administrative Notes***

New edit - NAACCR v18C metafile



**Follow-Up Source (COC)**

MCR modification is to skip for pre-2018 instead of pre-2019, and to add a reference to CIS into the Description.

**Follow-Up Source (COC)**

Agency: COC

Last changed: 04/12/2007

Edit Tag N0213

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

**Description**

Must be a valid Follow-Up Source code (0-5, 7-9). May be blank.

**Administrative Notes**

This edit differs from the NAACCR edit of the same name in that it allows the field to be blank because the item was not required by the COC until 2003. Another edit (Follow-Up Source, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2002 and not equal 9999. Registries should include both edits in their edit set.

**Gestational Trophoblastic Prognostic Scoring Index, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2736

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Gestational Trophoblastic Prognostic Scoring Index code or blank:
  - 00-25: Risk factor score
  - X9: Not documented in medical record
  - Prognostic Trophoblastic Scoring Index not assessed or unknown if assessed

Another edit, Gestational Trophoblastic Prognostic Scoring Index, Schema ID,

**Gestational Trophoblastic Prognostic Scoring Index, Schema ID, Required (MCR/NAACCR)**

Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

***Administrative Notes***

New edit - NAACCR v18 metafile

## **Gestational Trophoblastic Prognostic Scoring Index, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/11/2019 16:15:09

Edit Tag MA2881

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Gestational Trophoblastic Prognostic Scoring Index is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00560: Placenta

**Gleason Patterns Clinical, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Gleason Patterns Clinical, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2706

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Gleason Patterns Clinical code or blank:

```

11: Primary pattern 1, secondary pattern 1
12: Primary pattern 1, secondary pattern 2
13: Primary pattern 1, secondary pattern 3
14: Primary pattern 1, secondary pattern 4
15: Primary pattern 1, secondary pattern 5
19: Primary pattern 1, secondary pattern unknown
21: Primary pattern 2, secondary pattern 1
22: Primary pattern 2, secondary pattern 2
23: Primary pattern 2, secondary pattern 3
24: Primary pattern 2, secondary pattern 4
25: Primary pattern 2, secondary pattern 5
29: Primary pattern 2, secondary pattern unknown
31: Primary pattern 3, secondary pattern 1
32: Primary pattern 3, secondary pattern 2
33: Primary pattern 3, secondary pattern 3
34: Primary pattern 3, secondary pattern 4
35: Primary pattern 3, secondary pattern 5
39: Primary pattern 3, secondary pattern unknown
41: Primary pattern 4, secondary pattern 1
42: Primary pattern 4, secondary pattern 2
43: Primary pattern 4, secondary pattern 3
44: Primary pattern 4, secondary pattern 4
45: Primary pattern 4, secondary pattern 5
49: Primary pattern 4, secondary pattern unknown
51: Primary pattern 5, secondary pattern 1
52: Primary pattern 5, secondary pattern 2
53: Primary pattern 5, secondary pattern 3
54: Primary pattern 5, secondary pattern 4
55: Primary pattern 5, secondary pattern 5
59: Primary pattern 5, secondary pattern unknown

```

**Gleason Patterns Clinical, Grade Clinical (NAACCR)**

X6: Primary pattern unknown, secondary pattern unknown

X7: No needle core biopsy/TURP performed

X8: Not applicable: Information not collected for this case

X9: Not documented in medical record

Gleason Patterns Clinical not assessed or unknown if assessed

Another edit, Gleason Patterns Clinical, Schema ID, Required (NAACCR), checks that the item is coded correctly by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Gleason Patterns Clinical, Grade Clinical (NAACCR)**

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

*Edit Tag* N3951***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Grade Clinical is coded consistently with Gleason Patterns Clinical SSDI.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID is not 00580
  - Gleason Patterns Clinical is blank or not applicable.
  - Grade Clinical is blank.
- If Gleason Patterns Clinical = 11, 12, 13, 21, 22, 23, 31, 32, or 33  
Then Grade Clinical must = 1
- If Gleason Patterns Clinical = 34  
Then Grade Clinical must = 2
- If Gleason Patterns Clinical = 43  
Then Grade Clinical must = 3
- If Gleason Patterns Clinical = 44, 35, or 53  
Then Grade Clinical must = 4
- If Gleason Patterns Clinical = 45, 54, or 55  
Then Grade Clinical must = 5

**Gleason Patterns Clinical, Schema ID, Required (MCR/NAACCR)*****Administrative Notes***

New edit - NAACCR v18C metafile

**Gleason Patterns Clinical, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/11/2019 16:11:10

*Edit Tag* MA2883***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Gleason Patterns Clinical is not "X8" (not applicable) not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00580: Prostate

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Gleason Patterns Pathological, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/26/2018 16:51:36

*Edit Tag* N2708

**Gleason Patterns Pathological, Date DX (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Gleason Patterns Pathological code or blank:

11: Primary pattern 1, secondary pattern 1  
 12: Primary pattern 1, secondary pattern 2  
 13: Primary pattern 1, secondary pattern 3  
 14: Primary pattern 1, secondary pattern 4  
 15: Primary pattern 1, secondary pattern 5  
 19: Primary pattern 1, secondary pattern unknown  
 21: Primary pattern 2, secondary pattern 1  
 22: Primary pattern 2, secondary pattern 2  
 23: Primary pattern 2, secondary pattern 3  
 24: Primary pattern 2, secondary pattern 4  
 25: Primary pattern 2, secondary pattern 5  
 29: Primary pattern 2, secondary pattern unknown  
 31: Primary pattern 3, secondary pattern 1  
 32: Primary pattern 3, secondary pattern 2  
 33: Primary pattern 3, secondary pattern 3  
 34: Primary pattern 3, secondary pattern 4  
 35: Primary pattern 3, secondary pattern 5  
 39: Primary pattern 3, secondary pattern unknown  
 41: Primary pattern 4, secondary pattern 1  
 42: Primary pattern 4, secondary pattern 2  
 43: Primary pattern 4, secondary pattern 3  
 44: Primary pattern 4, secondary pattern 4  
 45: Primary pattern 4, secondary pattern 5  
 49: Primary pattern 4, secondary pattern unknown  
 51: Primary pattern 5, secondary pattern 1  
 52: Primary pattern 5, secondary pattern 2  
 53: Primary pattern 5, secondary pattern 3  
 54: Primary pattern 5, secondary pattern 4  
 55: Primary pattern 5, secondary pattern 5  
 59: Primary pattern 5, secondary pattern unknown  
 X6: Primary pattern unknown, secondary pattern unknown  
 X7: No prostatectomy/autopsy performed  
 X8: Not applicable: Information not collected for this case  
 X9: Not documented in medical record  
 Gleason Patterns Pathological not assessed or unknown if assessed

Another edit, Gleason Patterns Pathological, Schema ID, Required (NAACCR), checks that the item is coded correctly by Schema ID if required by a standard setter.

**Gleason Patterns Pathological, Grade Pathological (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**Gleason Patterns Pathological, Grade Pathological (NAACCR)**

Agency: NAACCR

Last changed: 07/09/2019 06:19:08

*Edit Tag* N4213***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Grade Pathological is coded consistently with Gleason Patterns Pathological SSDI.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID is not 00580
  - Gleason Patterns Pathological is blank or not applicable.
  - Grade Pathological is blank.
    - Grade Clinical is  $\geq$  Grade Pathological and Grade Clinical Not = 9.
    - Grade Clinical = E and Grade Pathological = 1,2,3, or E (E = Score 7, pattern not specified)
- If Gleason Patterns Pathological = 11, 12, 13, 21, 22, 23, 31, 32, or 33  
Then Grade Pathological must = 1
- If Gleason Patterns Pathological = 34  
Then Grade Pathological must = 2
- If Gleason Patterns Pathological = 43  
Then Grade Pathological must = 3
- If Gleason Patterns Pathological = 44, 35, or 53  
Then Grade Pathological must = 4
- If Gleason Patterns Pathological = 45, 54, or 55  
Then Grade Pathological must = 5

***Administrative Notes***

New edit - NAACCR v18C metafile

Modification

NAACCR v18D

EditWriter 5

455

10/17/2019 02:45 PM

**Gleason Patterns Pathological, Prostate Pathological Extension (SEER)**

- Description, logic changed, edit skipped if Grade Clinical >= Grade Pathological, previously skipped if Grade Clinical > Grade Pathological

Pathological

- Description, logic changed, added skip if Grade Clinical = E and Grade Pathological = 1,2,3,E

## Gleason Patterns Pathological, Prostate Pathological Extension (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N6078

### Edit Sets

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### Description

This edit verifies that Gleason Patterns Pathological is coded consistently with Prostate Pathological Extension.

.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
  - b. Schema ID is not 00580
  - c. Prostate Pathological Extension is blank.
  - d. Gleason Patterns Pathological is blank
2. If Gleason Patterns Pathological = X7 (no prostatectomy performed)  
then Prostate Pathological Extension must = 900 (no prostatectomy performed)
3. If Prostate Pathological Extension = 900 (no prostatectomy performed)  
then Gleason Patterns Pathological must = X7 (no prostatectomy performed)

### Administrative Notes

New edit - NAACCR v18C metafile

## Gleason Patterns Pathological, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/11/2019 16:01:40

Edit Tag MA2884



**Gleason Patterns/Score, Clin/Path, CoC Flag (SEER)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Gleason Patterns Pathological is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00580: Prostate

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Gleason Patterns/Score, Clin/Path, CoC Flag (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

*Edit Tag* N6106

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the Gleason Patterns Clinical and Pathological and Gleason Score Clinical and Pathological SSDIs are coded consistently.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID is not 00580.

**Gleason Score Clinical, Date DX (NAACCR)**

- c. Gleason Patterns Clinical, Gleason Score Clinical, Gleason Patterns Pathological, and Gleason Score Pathological are all blank or not applicable
  - d. CoC Accredited Flag is not 1
2. If Gleason Score Clinical is not blank and not X8:
    - If Gleason Patterns Clinical = 11, Gleason Score Clinical must = 02
    - If Gleason Patterns Clinical = 12 or 21, Gleason Score Clinical must = 03
    - If Gleason Patterns Clinical = 13, 22, 31, Gleason Score Clinical must = 04
    - If Gleason Patterns Clinical = 14, 23, 32, 41, Gleason Score Clinical must = 05
    - If Gleason Patterns Clinical = 15, 24, 33, 42, 51, Gleason Score Clinical must = 06
    - If Gleason Patterns Clinical = 25, 34, 43, 52, Gleason Score Clinical must = 07
    - If Gleason Patterns Clinical = 35, 44, 53, Gleason Score Clinical must = 08
    - If Gleason Patterns Clinical = 45, 54, Gleason Score Clinical must = 09
    - If Gleason Patterns Clinical = 55, Gleason Score Clinical must = 10
    - If Gleason Patterns Clinical = X7, Gleason Score Clinical must = X7
  3. If Gleason Score Pathological is not blank and not X8:
    - If Gleason Patterns Pathological = 11, Gleason Score Pathological must = 02
    - If Gleason Patterns Pathological = 12 or 21, Gleason Score Pathological must = 03
    - If Gleason Patterns Pathological = 13, 22, 31, Gleason Score Pathological must = 04
    - If Gleason Patterns Pathological = 14, 23, 32, 41, Gleason Score Pathological must = 05
    - If Gleason Patterns Pathological = 15, 24, 33, 42, 51, Gleason Score Pathological must = 06
    - If Gleason Patterns Pathological = 25, 34, 43, 52, Gleason Score Pathological must = 07
    - If Gleason Patterns Pathological = 35, 44, 53, Gleason Score Pathological must = 08
    - If Gleason Patterns Pathological = 45, 54, Gleason Score Pathological must = 09
    - If Gleason Patterns Pathological = 55, Gleason Score Pathological must = 10
    - If Gleason Patterns Pathological = X7, Gleason Score Pathological must = X7

***Administrative Notes***

New edit - NAACCR v18C metafile

**Gleason Score Clinical, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag N2707****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

**Gleason Score Clinical, Grade Clinical, CoC Flag (SEER)**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid Gleason Score Clinical code or blank:

02: Gleason score 2  
 03: Gleason score 3  
 04: Gleason score 4  
 05: Gleason score 5  
 06: Gleason score 6  
 07: Gleason score 7  
 08: Gleason score 8  
 09: Gleason score 9  
 10: Gleason score 10  
 X7: No needle core biopsy/TURP performed  
 X8: Not applicable: Information not collected for this case  
 X9: Not documented in medical record  
 Gleason Score Clinical not assessed or unknown if assessed

Another edit, Gleason Score Clinical, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

**Gleason Score Clinical, Grade Clinical, CoC Flag (SEER)**

Agency: SEER

Last changed: 05/07/2019 21:08:10

Edit Tag N6096

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit verifies that Grade Clinical is coded consistently with Gleason Score Clinical SSDI.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
  - b. Schema ID is not 00580
  - c. Gleason Score Clinical is blank, X8, or X9.

**Gleason Score Clinical, Schema ID, Required, CoC Flag (MCR/SEER)**

- d. Grade Clinical is blank.
  - e. CoC Accredited Flag is not 1
- 2. If Gleason Score Clinical = 1, 2, 3, 4, 5, or 6,  
Then Grade Clinical must = 1
  - 3. If Gleason Score Clinical = 7  
Then Grade Clinical must = 2 or 3 or E
  - 4. If Gleason Score Clinical = 8  
Then Grade Clinical must = 4
  - 5. If Gleason Score Clinical = 9 or 10  
Then Grade Clinical must = 5

***Administrative Notes***

New edit - NAACCR v18C metafile

Modification

NAACCR v18D

- Description corrected, Grade Pathological in first paragraph changed to Grade Clinical; reference to Gleason Pattern Clinical removed from first paragraph

**Gleason Score Clinical, Schema ID, Required, CoC Flag  
(MCR/SEER)**

Agency: NONE

Last changed: 04/11/2019 15:50:47

*Edit Tag* MA3921

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- 1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Gleason Score Clinical is required by SEER only if collected by  
a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

- 2. This edit verifies that Gleason Score Clinical is not "X8" (not applicable)  
and not blank for the Schema IDs for which it is required by a standard

**Gleason Score Pathological, Date DX (NAACCR)**

setter.

Required for Schema ID:

00580: Prostate

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Gleason Score Pathological, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2709***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid Gleason Score Pathological code or blank:

02: Gleason score 3  
03: Gleason score 3  
04: Gleason score 4  
05: Gleason score 5  
06: Gleason score 6  
07: Gleason score 7  
08: Gleason score 8  
09: Gleason score 9  
10: Gleason score 10  
X7: No prostatectomy done  
X8: Not applicable: Information not collected for this case  
X9: Not documented in medical record  
Gleason Score Pathological not assessed or unknown if assessed

Another edit, Gleason Score Pathological, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Gleason Score Pathological, Grade Pathological, CoC Flag (SEER)*****Administrative Notes***

New edit - NAACCR v18 metafile

**Gleason Score Pathological, Grade Pathological, CoC Flag (SEER)**

Agency: SEER

Last changed: 05/07/2019 21:08:10

*Edit Tag* N6097***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Grade Pathological is coded consistently with Gleason Score Pathological SSDI.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID is not 00580
  - Gleason Score Pathological is blank, X8, or X9.
  - Grade Pathological is blank.
  - Grade Clinical is  $\geq$  Grade Pathological and Grade Clinical Not = 9
  - Grade Clinical = E and Grade Pathological = 1,2,3, or E (E = Score 7, pattern not specified)
  - CoC Accredited Flag is not 1
- If Gleason Score Pathological = 1, 2, 3, 4, 5, or 6,  
Then Grade Pathological must = 1
- If Gleason Score Pathological = 7  
Then Grade Pathological must = 2, 3 or E
- If Gleason Score Pathological = 8  
Then Grade Pathological must = 4
- If Gleason Score Pathological = 9 or 10  
Then Grade Pathological must = 5

***Administrative Notes***

New edit - NAACCR v18C metafile

Modification

EditWriter 5

462

10/17/2019 02:45 PM

**Gleason Score Pathological**, Schema ID, Required, CoC Flag (MCR/SEER)

NAACCR v18D metafile

- Description corrected, reference to Gleason Pattern Pathological removed from first paragraph  
- Description, logic changed, edit skipped if Grade Clinical >= Grade Pathological, previously skipped if Grade Clinical > Grade Pathological

## **Gleason Score Pathological, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/11/2019 15:28:52

*Edit Tag* MA3922

### ***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### ***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Gleason Score Pathological is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Gleason Score Pathological is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00580: Prostate

### ***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## Gleason Tertiary Pattern, Date DX (NAACCR)

**Gleason Tertiary Pattern, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2710***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid Gleason Tertiary Pattern code or blank:

10: Tertiary pattern 1  
20: Tertiary pattern 2  
30: Tertiary pattern 3  
40: Tertiary pattern 4  
50: Tertiary pattern 5  
X7: No prostatectomy/autopsy performed  
X8: Not applicable: Information not collected for this case  
X9: Not documented in medical record  
Gleason Tertiary Pattern not assessed or unknown if assessed

Another edit, Gleason Tertiary Pattern, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Gleason Tertiary Pattern, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/11/2019 15:26:54

*Edit Tag* MA3923***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |



**Grade (COC)****Description**

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Gleason Tertiary Pattern is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Gleason Tertiary Pattern is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00580: Prostate

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Grade (COC)**

Agency: COC

Last changed: 02/08/2018 19:53:53

Edit Tag N0373

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Must be a valid code for Grade (1-9) or blank. This field is allowed to be blank because it is not required for cases diagnosed 2018 and later.

Another edit, Grade, Date of Diagnosis (COC) checks that Grade is entered for cases diagnosed before 2018 and blank for cases diagnosed 2018 and later.

**Administrative Notes**

Modifications

**Grade Clin, Grade Path (NAACCR)**

NAACCR v18

- Added blank to allowable values.

**Grade Clin, Grade Path (NAACCR)**

Agency: NAACCR

Last changed: 08/10/2019 12:11:34

*Edit Tag* N5027***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks that Grade Clinical is used to code Grade Pathological if the grade on clinical pathology is higher than the grade on surgical pathology.

From the Grade Manual:

"Record the highest grade documented from any microscopic specimen of the primary site whether from the clinical workup or the surgical resection."

1. This edit is skipped under the following conditions:
  - a. Date of diagnosis = pre-2019, blank (unknown) or invalid.
  - b. Grade Pathological is blank
  - c. Grade Clinical = 8 or 9.
  - d. Schema ID = 00721, 00722, 00723
2. If surgery is performed (RX Summ--Surg prim Site = 30-90),  
if Grade Clinical and Grade Pathological are numeric and Grade Post Therapy =  
blank, Grade Pathological must not be less than Grade Clinical and must not  
= 8 (not applicable).

***Administrative Notes***

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D

- Grade Pathological of 9 removed as not allowed from logic statement 2
- Description, logic updated to pass for Schema IDs 00721, 00722, 00723

Grade Clin,Path,PostTX, Date of Diagnosis (NAACCR)

**Grade Clin,Path,PostTX, Date of Diagnosis (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2802***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if date of diagnosis = blank (unknown) or invalid.

1. Grade Clinical, Grade Pathological, and Grade Post Therapy must be blank if diagnosis date pre-2018.
2. Grade Clinical must not be blank if diagnosis date 2018+.
3. Grade Pathological must not be blank if diagnosis date 2018+.
4. Grade Post Therapy may be blank if diagnosis date 2018+.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Grade Clinical (NAACCR)**

Agency: NAACCR

Last changed: 02/14/2018 20:56:26

*Edit Tag* N2610***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid code for Grade Clinical:

1  
2  
3  
4  
5  
8  
9  
A  
B

**Grade Path, Grade Post Therapy (NAACCR)**

C  
D  
E  
H  
L  
M  
S  
blank

***Administrative Notes***

New edit - NAACCR v18 metafile

**Grade Path, Grade Post Therapy (NAACCR)**

Agency: NAACCR

Last changed: 06/21/2018 20:32:41

*Edit Tag* N4914

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks on coding of Grade Pathological and Grade Post Therapy

1. This edit is skipped if Date of diagnosis = pre-2018, blank (unknown) or invalid.

2. Grade Pathological must = 9 if Grade Post Therapy is not blank

***Administrative Notes***

New edit - NAACCR v18 metafile

## Grade Pathological (NAACCR)

**Grade Pathological (NAACCR)**

Agency: NAACCR

Last changed: 02/14/2018 20:56:37

*Edit Tag* N2751***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid code for Grade Pathological:

1  
2  
3  
4  
5  
8  
9  
A  
B  
C  
D  
E  
H  
L  
M  
S  
blank

***Administrative Notes***

New edit - NAACCR v18 metafile

**Grade Pathological, Post Therapy, RX Summ--Prim Site Surg (NAACCR)**

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

*Edit Tag* N3083

**Grade Post Therapy (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Grade Pathological is coded 9 when no resection of primary site is performed.

Grade Pathological: Pathological grade is recorded for cases where a surgical resection has been done

Grade Post Therapy: This data item records the grade of a solid primary tumor that has been resected following neoadjuvant therapy.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2019, blank (unknown) or invalid.
  - b. RX Summ--Surg Prim Site is blank
  - c. Schema ID = 00790, 00795, 00811, 00812, 00821, 00822, 00830 (Grade Pathological = 8, Grade Post Therapy = 8 or blank)
  - d. Schema ID = 99999, primary site = C809 (primary site unknown)
  - e. Schema ID = 00060 (primary site unknown)
2. If RX Summ-Surg Prim Site = 10-19 (surgery without pathological specimen), 98 (default code for hematopoietic, ill-defined sites), or 99 (unknown if surgery performed), Grade Pathological must = 9 (indicating no resection of primary site).
3. If RX Summ-Surg Prim Site = 10-19(surgery without pathological specimen), 98 (default code for hematopoietic, ill-defined sites), or 99 (unknown if surgery performed), Grade Post Therapy must = blank (indicating no resection of primary site).

***Administrative Notes***

New edit - NAACCR v18C metafile

**Grade Post Therapy (NAACCR)**

Agency: NAACCR

Last changed: 02/08/2018 21:01:08

Edit Tag N2801

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Grade Post Therapy, Gleason Patterns Pathological (NAACCR)****Description**

Must be a valid code for Grade Post Therapy:

1  
2  
3  
4  
5  
8  
9  
A  
B  
C  
D  
E  
H  
L  
M  
S  
blank

**Administrative Notes**

New edit - NAACCR v18 metafile

**Grade Post Therapy, Gleason Patterns Pathological (NAACCR)**

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

Edit Tag N6093

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit verifies that Gleason Patterns Pathological, is coded consistently with Grade Post Therapy.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
  - b. Schema ID is not 00580
  - c. Gleason Patterns Pathological is blank or not applicable.
  - d. Grade Post Therapy is blank.

**Grade Post Therapy, Gleason Score Pathological, Tertiary Pattern, CoC Flag (SEER)**

2. If Grade Post Therapy is not 9,  
Then Gleason Patterns Pathological must = X9

***Administrative Notes***

New edit - NAACCR v18C metafile

**Grade Post Therapy, Gleason Score Pathological, Tertiary Pattern, CoC Flag (SEER)**

Agency: SEER

Last changed: 07/14/2019 15:59:32

Edit Tag N6094

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Gleason Score Clinical and Tertiary Pattern are coded consistently with Grade Post Therapy.

This edit verifies that Gleason Score Pathological, Gleason Pattern Pathological, and Gleason Tertiary Pattern SSDIs are coded consistently with Grade Post Therapy.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID is not 00580
  - Gleason Score Pathological and Gleason Tertiary Pattern are both blank or not applicable.
  - Grade Post Therapy is blank.
  - CoC Accredited Flag is not 1
- If Grade Post Therapy is not 9,  
Then Gleason Score Pathological if not blank or X8 must = X9, and Gleason Tertiary Pattern if not blank or X8 must = X9.

***Administrative Notes***

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D  
- Error message corrected



Grade, Date of Diagnosis (COC)

## Grade, Date of Diagnosis (COC)

Agency: COC

Last changed: 08/22/2018 15:43:08

*Edit Tag* N3094

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

This edit is skipped if Date of Diagnosis is blank (unknown) or invalid.

Grade must not be blank before 2018.

Grade must be blank after 2018.

### *Administrative Notes*

New edit - NAACCR v18 metafile

## Grade, Lymphoma Ocular Adnexa, Histologic Type ICD-O-3 (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 01:04:45

*Edit Tag* N3082

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

This edit verifies that Grade Clinical, Grade Pathological, and Grade Post Therapy are coded consistently with Histologic Type ICD-O-3.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2018, blank (unknown), or invalid.
  - Schema ID is not 00710.
  - Grade Clinical, Grade Pathological, and Grade Post Therapy are all blank.
  - Histologic Type ICD-O-3 is blank
- The edit verifies that if Histologic Type ICD-O-3 does not = 9690, 9691, 9695, or 9698 (follicular histologies), Grade Clinical, Grade Pathological, and Grade Post Therapy if coded must = "9" (not a follicular histology).

**Grade, Ovary/PPC/FT, Behavior ICD-O-3 (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**Grade, Ovary/PPC/FT, Behavior ICD-O-3 (NAACCR)**

Agency: NAACCR

Last changed: 08/21/2019 15:10:19

*Edit Tag* N3087***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Grade Clinical, Grade Pathological, and Grade Post Therapy are coded consistently with Behavior ICD-O-3 for Ovary, Primary Peritoneal Carcinoma, and Fallopian Tube.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
  - b. Schema ID is not 00551, 00552, or 00553.
  - c. Grade Clinical, Grade Pathological, and Grade Post Therapy are all blank.
  - d. Behavior ICD-O-3 is blank
2. The edit verifies that if Behavior ICD-O-3 = /1 (borderline), Grade Clinical, Grade Pathological, and Grade Post Therapy if coded must = "B" (borderline tumor) or "9" (unknown grade).

***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v18D

- Description, logic updated, "9" added as valid value for grade with borderline tumor

**Grade, Schema ID (NAACCR)**

Agency: NAACCR

Last changed: 08/14/2018 20:43:22

EditWriter 5

474

10/17/2019 02:45 PM

**Grade, Schema ID (NAACCR)****Edit Tag N2803****Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit checks that the three grade data items, Grade Clinical, Grade Pathological, and Grade Post Therapy, are correct by Schema ID. The grade data items may be blank because they are not required before 2018. Grade Clinical and Grade Pathological are required for cases diagnosed 2018 and later. Grade Post Therapy may be blank for cases diagnosed 2018 and later. Another edit, Grade Clin, Path, PostTX, Date of Diagnosis (NAACCR), checks that the grade data items are reported by diagnosis date.

The edit is skipped if any of the following conditions are true:

- Date of diagnosis is pre-2018, blank or invalid
- Grade Clinical and Grade Pathological are both blank
- Schema ID is blank

The allowable values for Grade Clinical, Grade Pathological, and Grade Post Therapy are listed by Schema ID. The values are the same for the three grade items. The sites and histologies for each schema are listed in the edit \_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR).

00060           Cervical Lymph Nodes and Unknown Primary Tumors of the Head and Neck

Grade: A, B, C, D, 9

00071           Lip  
 00072           Tongue Anterior  
 00073           Gum  
 00074           Floor of Mouth  
 00075           Palate Hard  
 00076           Buccal Mucosa  
 00077           Mouth Other

Grade: 1, 2, 3, 9

00080           Major Salivary Glands

Grade: A, B, C, D, 9

00090           Nasopharynx

Grade: A, B, C, D, 9

00100           HPV-Mediated (p16+) Oropharyngeal Cancer

Grade: A, B, C, D, 9

**Grade, Schema ID (NAACCR)**

00111 Oropharynx (p16-)  
00112 Hypopharynx

Grade: 1, 2, 3, 4, 9

00118 Pharynx Other

Grade: A, B, C, D, 9

00119 Middle Ear

Grade: A, B, C, D, 9

00121 Maxillary Sinus

00122 Nasal Cavity and Ethmoid Sinus

Grade: 1, 2, 3, 9

00128 Sinus Other

Grade: A, B, C, D, 9

00130 Larynx Other

00131 Larynx Supraglottic

00132 Larynx Glottic

00133 Larynx Subglottic

Grade: 1, 2, 3, 9

00140 Mucosal Melanoma of the Head and Neck

Grade: A, B, C, D, 9

00150 Cutaneous Carcinoma of the Head and Neck

Grade: 1, 2, 3, 4, 9

000161 Esophagus and Esophagogastric Junction (Squamous)

Grade: 1, 2, 3, 9

00169 Esophagus and GE Junction (Adenocarcinoma and Other)

Grade: 1, 2, 3, 9

00170 Stomach

**Grade, Schema ID (NAACCR)**

Grade: 1, 2, 3, 9

00180 Small Intestine

Grade: 1, 2, 3, 4, 9

00190 Appendix

Grade: 1, 2, 3, 9

00200 Colon and Rectum

Grade: 1, 2, 3, 4, 9

00210 Anus

Grade: 1, 2, 3, 4, L, H, 9

00220 Liver

Grade: 1, 2, 3, 4, 9

00230 Bile Ducts Intrahepatic

Grade: 1, 2, 3, 9

00241 Gallbladder

00242 Cystic Duct

Grade: 1, 2, 3, 9

00250 Bile Ducts Perihilar

Grade: 1, 2, 3, 9

00260 Bile Ducts Distal

Grade: 1, 2, 3, 9

00270 Ampulla of Vater

Grade: 1, 2, 3, 9

00278 Biliary Other

Grade: A, B, C, D, 9

**Grade, Schema ID (NAACCR)**

|                               |                       |
|-------------------------------|-----------------------|
| 00280                         | Pancreas              |
| Grade: 1, 2, 3, 9             |                       |
| 00288                         | Digestive Other       |
| Grade: A, B, C, D, 9          |                       |
| 00290                         | NET Stomach           |
| Grade: 1, 2, 3, A, B, C, D, 9 |                       |
| 00301                         | NET Duodenum          |
| Grade: 1, 2, 3, A, B, C, D, 9 |                       |
| 00302                         | NET Ampulla of Vater  |
| Grade: 1, 2, 3, A, B, C, D, 9 |                       |
| 00310                         | NET Jejunum and Ileum |
| Grade: 1, 2, 3, A, B, C, D, 9 |                       |
| 00320                         | NET Appendix          |
| Grade: 1, 2, 3, A, B, C, D, 9 |                       |
| 00330                         | NET Colon and Rectum  |
| Grade: 1, 2, 3, A, B, C, D, 9 |                       |
| 00340                         | NET Pancreas          |
| Grade: 1, 2, 3, A, B, C, D, 9 |                       |
| 00350                         | Thymus                |
| Grade: A, B, C, D, 9          |                       |
| 00358                         | Trachea               |
| Grade: A, B, C, D, 9          |                       |
| 00360                         | Lung                  |

**Grade, Schema ID (NAACCR)**

Grade: 1, 2, 3, 4, 9

00370 Pleura

Grade: 1, 2, 3, 4, 9

00378 Respiratory Other

Grade: A, B, C, D, 9

00381 Bone Appendicular

00382 Bone Spine

00383 Bone Pelvis

Grade: 1, 2, 3, H, 9

00400 Soft Tissues Head and Neck

Grade: 1, 2, 3, A, B, C, D, 9

00410 Soft Tissue Trunk and Extremities

Grade: 1, 2, 3, A, B, C, D, 9

00421 Soft Tissue Abdomen and Thorax

00422 Heart, Mediastinum, Pleura

Grade: 1, 2, 3, A, B, C, D, 9

00430 Gastrointestinal Stromal Tumor (GIST)

Grade: L, H, A, B, C, D, 9

00440 Retroperitoneum

Grade: 1, 2, 3, A, B, C, D, 9

00450 Soft Tissue Other

Grade: 1, 2, 3, A, B, C, D, 9

00458 Kaposi Sarcoma

Grade: 1, 2, 3, A, B, C, D, 9

00460 Merkel Cell Skin

**Grade, Schema ID (NAACCR)**

Grade: A, B, C, D, 9

00470 Melanoma Skin

Grade: A, B, C, D, 9

00478 Skin Other

Grade: A, B, C, D, 9

00480 Breast

Grade: 1, 2, 3, L, M, H, A, B, C, D, 9

00500 Vulva

Grade: 1, 2, 3, 9

00510 Vagina

Grade: 1, 2, 3, 9

00520 Cervix Uteri

Grade: 1, 2, 3, 9

00530 Corpus Carcinoma and Carcinosarcoma

Grade: 1, 2, 3, 9

00541 Corpus Sarcoma

Grade: 1, 2, 3, 9

00542 Corpus Adenosarcoma

Grade: 1, 2, 3, L, H, S, 9

00551 Ovary

00552 Primary Peritoneal Carcinoma

00553 Fallopian Tube

Grade: 1, 2, 3, B, L, H, 9

00558 Adnexa Uterine Other

Grade: A, B, C, D, 9



**Grade, Schema ID (NAACCR)**

|                                        |                      |
|----------------------------------------|----------------------|
| 00559                                  | Genital Female Other |
| Grade: A, B, C, D, 9                   |                      |
| 00560                                  | Placenta             |
| Grade: A, B, C, D, 9                   |                      |
| 00570                                  | Penis                |
| Grade: 1, 2, 3, 9                      |                      |
| 00580                                  | Prostate             |
| Grade: 1, 2, 3, 4, 5, A, B, C, D, E, 9 |                      |
| 00590                                  | Testis               |
| Grade: A, B, C, D, 9                   |                      |
| 00598                                  | Genital Male Other   |
| Grade: A, B, C, D, 9                   |                      |
| 00600                                  | Kidney Parenchyma    |
| Grade: 1, 2, 3, 4, A, B, C, D, 9       |                      |
| 00610                                  | Kidney Renal Pelvis  |
| Grade: 1, 2, 3, L, H, 9                |                      |
| 00620                                  | Urinary Bladder      |
| Grade: 1, 2, 3, L, H, 9                |                      |
| 00631                                  | Urethra              |
| 00633                                  | Urethra-Prostatic    |
| Grade: 1, 2, 3, L, H, 9                |                      |
| 00638                                  | Urinary Other        |
| Grade: A, B, C, D, 9                   |                      |

**Grade, Schema ID (NAACCR)**

|                                        |                                   |
|----------------------------------------|-----------------------------------|
| 00640                                  | Skin Eyelid                       |
| Grade: 1, 2, 3, 4, 9                   |                                   |
| 00650                                  | Conjunctiva                       |
| Grade: 1, 2, 3, 4, 9                   |                                   |
| 00660                                  | Melanoma Conjunctiva              |
| Grade: A, B, C, D, 9                   |                                   |
| 00671                                  | Melanoma Iris                     |
| 00672                                  | Melanoma Choroid and Ciliary Body |
| Grade: 1, 2, 3, A, B, C, D, 9          |                                   |
| 00680                                  | Retinoblastoma                    |
| Grade: 1, 2, 3, 4, A, B, C, D, 9       |                                   |
| 00690                                  | Lacrimal Gland                    |
| Grade: 1, 2, 3, A, B, C, D, 9          |                                   |
| 00698                                  | Lacrimal Sac                      |
| Grade: A, B, C, D, 9                   |                                   |
| 00700                                  | Orbital Sarcoma                   |
| Grade: 1, 2, 3, A, B, C, D, 9          |                                   |
| 00710                                  | Lymphoma Ocular Adnexa            |
| Grade: 1, 2, 3, 4, 5, L, 9             |                                   |
| 00718                                  | Eye Other                         |
| Grade: A, B, C, D, 9                   |                                   |
| 00721                                  | Brain and Spinal Cord             |
| 00722                                  | CNS Other                         |
| 00723                                  | Intracranial Gland                |
| Grade: 1, 2, 3, 4, L, H, A, B, C, D, 9 |                                   |

**Grade, Schema ID (NAACCR)**

00730           Thyroid  
Grade: A, B, C, D, 9

00740           Thyroid Medullary  
Grade: A, B, C, D, 9

00750           Parathyroid  
Grade: L, H, A, B, C, D, 9

00760           Adrenal Gland  
Grade: L, H, M, A, B, C, D, 9

00770           NET Adrenal  
Grade: A, B, C, D, 9

00778           Endocrine Other  
Grade: A, B, C, D, 9

00790           Lymphoma  
00795           Lymphoma-CLL/SLL  
Grade: 8

00811           Mycosis Fungoides  
00812           Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)  
Grade: 8

00821           Plasma Cell Myeloma  
00822           Plasma Cell Disorder  
Grade: 8

00830           HemeRetic  
Grade: 8

99999           Ill-Defined Other  
Grade: A, B, C, D, 9

**hCG Post-Orchiectomy Lab Value, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**hCG Post-Orchiectomy Lab Value, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 07/14/2018 11:35:27

*Edit Tag* N2661***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses

2. Must be a valid hCG Post-Orchiectomy Lab Value code or blank:

0.0: 0.0 milli-International Units/milliliter (mIU/mL)

0.1-99999.9: 0.1-99,999.9 mIU/mL

XXXXX.1: 100,000 mIU/mL or greater

XXXXX.7: Test ordered, results not in chart

XXXXX.8: Not applicable: Information not collected for this case

XXXXX.9: Not documented in medical record

No orchiectomy performed

hCG Post-Orchiectomy Lab Value not assessed or unknown if assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, hCG Post-Orchiectomy Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**hCG Post-Orchiectomy Lab Value, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/11/2019 15:12:49

*Edit Tag* MA3924

**hCG Post-Orchiectomy Range, Date DX (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

hCG Post-Orchiectomy Lab Value is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that hCG Post-Orchiectomy Lab Value is not "XXXXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**hCG Post-Orchiectomy Range, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2717

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**hCG Post-Orchiectomy Range, Schema ID, Required (MCR/NAACCR)****Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid hCG Post-Orchiectomy Range code or blank:
  - 0: Within normal limits
    - 1: Above normal and less than 5,000 milli-International Units/milliliter (mIU/mL)
    - 2: 5,000-50,000 mIU/mL
    - 3: Greater than 50,000 mIU/mL
    - 4: Post-Orchiectomy human chorionic gonadotropin (hCG) stated to be elevated
    - 7: Test ordered, results not in chart
    - 8: Not applicable: Information not collected for this case
    - 9: Not documented in medical record
      - No orchiectomy performed
  - hCG Post-Orchiectomy Range not assessed or unknown if assessed

Another edit, hCG Post-Orchiectomy Range, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

## hCG Post-Orchiectomy Range, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/11/2019 15:09:41

Edit Tag MA2978

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that hCG Post-Orchiectomy Range is not "8" (not applicable)

**hCG Pre-Orchiectomy Lab Value, Date DX (NAACCR)**

and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**hCG Pre-Orchiectomy Lab Value, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 07/14/2018 11:40:53

*Edit Tag* N2659

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid hCG Pre-Orchiectomy Lab Value code or blank:

0.0: 0.0 milli-International Units/milliliter (mIU/mL)

0.1-99999.9: 0.1-99,999.9 mIU/mL

XXXXX.1: 100,000 mIU/mL or greater

XXXXX.7: Test ordered, results not in chart

XXXXX.8: Not applicable: Information not collected for this case

XXXXX.9: Not documented in medical record

hCG Pre-Orchiectomy Lab Value not assessed or unknown if assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, hCG Pre-Orchiectomy Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**hCG Pre-Orchiectomy Lab Value, Schema ID, Required, CoC Flag (MCR/SEER)*****Administrative Notes***

New edit - NAACCR v18 metafile

**hCG Pre-Orchiectomy Lab Value, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/11/2019 15:07:43

Edit Tag MA3925

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

hCG Pre-Orchiectomy Lab Value is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that hCG Pre-Orchiectomy Lab Value is not "XXXXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.



hCG Pre-Orchiectomy Range, Date DX (NAACCR)

**hCG Pre-Orchiectomy Range, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2714***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid hCG Pre-Orchiectomy Range code or blank:

- 0: Within normal limits
  - 1: Above normal and less than 5,000 milli-International Units/milliliter (mIU/mL)
  - 2: 5,000-50,000 mIU/mL
  - 3: Greater than 50,000 mIU/mL
  - 4: Pre-Orchiectomy human chorionic gonadotropin (hCG) stated to be elevated
  - 7: Test ordered, results not in chart
  - 8: Not applicable: Information not collected for this case
  - 9: Not documented in medical record
- hCG Pre-Orchiectomy Range not assessed or unknown if assessed

Another edit, hCG Pre-Orchiectomy Range, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**hCG Pre-Orchiectomy Range, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/11/2019 15:05:50

*Edit Tag* MA2980***Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code         |
|---------------|--------------|---------------------|
| EditWriter 5  | 489          | 10/17/2019 02:45 PM |

**HER2 IHC Summary, Date DX (NAACCR)**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that hCG Pre-Orchiectomy Range is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**HER2 IHC Summary, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2681

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid HER2 IHC Summary code or blank:

0: Negative (Score 0)

**HER2 IHC Summary, Schema ID, Required, CoC Flag (SEER)**

- 1: Negative (Score 1+)
  - 2: Equivocal (Score 2+)
    - Stated as equivocal
  - 3: Positive (Score 3+)
    - Stated as positive
  - 4. Stated as negative, but score not stated
  - 7: Test done, results not in chart
  - 8: Not applicable: Information not collected for this case
  - 9: Not documented in medical record
    - Cannot be determined (indeterminate)
- HER2 IHC Summary not assessed or unknown if assessed;

Another edit, HER2 IHC Summary, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**HER2 IHC Summary, Schema ID, Required, CoC Flag (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

*Edit Tag* N6066

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
  - d. CoC Accredited Flag not = 1

HER2 IHC Summary is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that HER2 IHC Summary is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:  
00480: Breast

**HER2 ISH Dual Probe Copy Number, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18C metafile

**HER2 ISH Dual Probe Copy Number, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 09/25/2018 20:47:03

*Edit Tag N2684****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid HER2 ISH Dual Probe Copy Number code or blank:

0.0-99.9: Reported HER2 copy number of 0.0-99.9

XX.1: Reported HER2 copy number of 100 or greater

XX.7: Test done, results not in chart

XX.8: Not applicable: Information not collected for this case

XX.9: Not documented in medical record

Cannot be determined (indeterminate)

HER2 ISH Dual Probe Copy Number not assessed or unknown if assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, HER2 ISH Dual Probe Copy Number, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v18A

- Description and Logic updated, Test done, results not in chart corrected to XX.7

HER2 ISH Dual Probe Copy Number, Schema ID, Required, CoC Flag (MCR/SEER)

## HER2 ISH Dual Probe Copy Number, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/11/2019 14:51:57

*Edit Tag* MA6069

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
  - CoC Accredited Flag is not 1

HER2 ISH Dual Probe Copy Number is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

- This edit verifies that HER2 ISH Dual Probe Copy Number is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

### *Administrative Notes*

New edit - NAACCR v18C metafile

MCR modification is just to use an error message referring to 2019. The standard edit does skip pre-2019.

## HER2 ISH Dual Probe Ratio, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/14/2018 11:42:10

*Edit Tag* N2683

**HER2 ISH Dual Probe Ratio, Schema ID, Required, CoC Flag (MCR/SEER)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid HER2 ISH Dual Probe Ratio code or blank:

0.0-99.9: Ratio of 0.0 to 99.9

XX.2: Less than 2.0

XX.3: Greater than or equal to 2.0

XX.7: Test done, results not in chart

XX.8: Not applicable: Information not collected for this case

XX.9: Not documented in medical record

Results cannot be determined (indeterminate)

HER2 ISH Dual Probe Ratio not assessed or unknown if assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, HER2 ISH Dual Probe Ratio, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

## HER2 ISH Dual Probe Ratio, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/11/2019 14:48:31

Edit Tag MA6068

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
  - d. CoC Accredited Flag is not = 1

**HER2 ISH Single Probe Copy Number, Date Dx (NAACCR)**

HER2 Dual Probe Ratio is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that HER2 ISH Dual Probe Ratio is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

***Administrative Notes***

New edit - NAACCR v18C metafile

MCR modification is just to use an error message referring to 2019. The standard edit does skip pre-2019.

**HER2 ISH Single Probe Copy Number, Date Dx (NAACCR)**

Agency: NAACCR

Last changed: 09/25/2018 20:47:31

Edit Tag N2685

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid HER2 ISH Single Probe Copy Number code or blank:

0.0-99.9: Reported HER2 copy number of 0.0-99.9

XX.1: Reported HER2 copy number of 100 or greater

XX.7: Test done, results not in chart

XX.8: Not applicable: Information not collected for this case

XX.9: Not documented in medical record

Cannot be determined (indeterminate)

HER2 ISH Single Probe Copy Number not assessed or unknown if assessed

**HER2 ISH Single Probe Copy Number, Schema ID, Required, CoC Flag (MCR/SEER)**

3. Code must be right-justified and contain one place after decimal point.

Another edit, HER2 ISH Single Probe Copy Number, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v18A

- Description and Logic updated, Test done, results not in chart corrected to XX.7

**HER2 ISH Single Probe Copy Number, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/11/2019 14:43:52

Edit Tag MA6070

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
  - d. CoC Accredited Flag is not 1

HER2 ISH Single Probe Copy Number is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that HER2 ISH Single Probe Copy Number is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast



**HER2 ISH Summary, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18C metafile

MCR modification is just to use an error message referring to 2019. The standard edit does skip pre-2019.

**HER2 ISH Summary, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2682

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid HER2 ISH Summary code or blank:
  - 0: Negative (not amplified)
  - 2: Equivocal
  - 3: Positive (amplified)
  - 7: Test done, results not in chart
  - 8: Not applicable: Information not collected for this case
  - 9: Not documented in medical record
    - Results cannot be determined (indeterminate)
    - HER2 ISH Summary not assessed or unknown if assessed;

Another edit, HER2 ISH Summary, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

HER2 ISH Summary, Schema ID, Required, CoC Flag (MCR/SEER)

## HER2 ISH Summary, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/11/2019 14:40:51

*Edit Tag* MA6067

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
  - CoC Accredited Flag is not = 1

HER2 ISH Summary is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

- This edit verifies that HER2 ISH Summary is not "8" (not applicable) and not blank for the Schema IDs for which it is required.

Required for Schema ID:

00480: Breast

### *Administrative Notes*

New edit - NAACCR v18C metafile

MCR modification is just to use an error message referring to 2019. The standard edit does skip pre-2019.

## HER2 Overall Summary, Breast, IHC, ISH, CoC Flag (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

*Edit Tag* N6122

**HER2 Overall Summary, Date DX (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies consistency of coding of HER2 Overall Summary with HER2 IHC Summary and HER2 ISH Summary.

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis is pre 2019, blank (unknown), or invalid.
  - b. HER2 Overall Summary is blank.
  - c. CoC Accredited Flag is not 1
2. If HER2 IHC Summary = 3 (positive) and HER2 ISH Summary = 3 (positive), HER2 Overall Summary must = 1 (positive)
3. If HER2 IHC Summary = 0, 1, or 4 (negative) and HER2 ISH Summary = 0 (negative), HER2 Overall Summary must = 0 (negative)

***Administrative Notes***

New edit - NAACCR v18C metafile

**HER2 Overall Summary, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2735

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid HER2 Overall Summary code or blank:

**HER2 Overall Summary, Schema ID, Required (NAACCR)**

0: HER2 negative; equivocal  
1: HER2 positive  
7: Test done, results not in chart  
9: Not documented in medical record  
    Cannot be determined (indeterminate)  
    HER2 Overall Summary status not assessed or unknown if assessed

Another edit, HER2 Overall Summary, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

***Administrative Notes***

New edit - NAACCR v18 metafile

**HER2 Overall Summary, Schema ID, Required (NAACCR)**

Agency: NAACCR

Last changed: 07/28/2018 10:56:15

*Edit Tag* N2889

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2018, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that HER2 Overall Summary is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:  
00480: Breast

**Heritable Trait, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**Heritable Trait, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:14:06

*Edit Tag* N2740

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Heritable Trait code or blank:

- 0: H0: Normal RB1 alleles  
No clinical evidence of mutation
- 1: H1: RB1 gene mutation OR  
Clinical evidence of mutation
- 7: Test done, results not in chart
- 9: HX: Not documented in medical record  
Test not done, or unknown if done  
Insufficient evidence of a constitutional RB1 gene mutation

Another edit, Heritable Trait, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

The data item is required for AJCC staging and EOD Derived Stage Group.

**Heritable Trait**, Schema ID, Required (MCR/NAACCR)***Administrative Notes***

New edit - NAACCR v18 metafile

**Heritable Trait, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/11/2019 14:29:01

*Edit Tag* MA2861***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Heritable Trait is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00680: Retinoblastoma

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**High Risk Cytogenetics, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:16:54

*Edit Tag* N2749

**High Risk Cytogenetics, Schema ID, Required (MCR/NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid High Risk Cytogenetics code or blank:

0: High risk cytogenetics not identified/not present

1: High risk cytogenetics present

7: Test done, results not in chart

9: Not documented in medical record;

High Risk Cytogenetics not assessed or unknown if assessed

Another edit, High Risk Cytogenetics, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

***Administrative Notes***

New edit - NAACCR v18 metafile

**High Risk Cytogenetics, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/11/2019 14:26:58

Edit Tag MA2996

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:

a. Date of Diagnosis pre-2019, blank (unknown), or invalid.

b. Schema ID is blank.

c. Type of Reporting Source = 7 (Death Certificate Only)

**High Risk Histologic Features, Date DX (NAACCR)**

2. This edit verifies that High Risk Cytogenetics is coded (not blank) for the Schema IDs for which it is required by a standard setter. Schema Discriminator 1 is required to identify a plasma cell myeloma diagnosis eligible for RISS staging.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00821: Plasma Cell Myeloma:

Schema Discriminator 1 is not blank

If Schema Discriminator 1 = 0, High Risk Cytogenetics is not blank.

If Schema Discriminator 1 = 1 or 9, High Risk Cytogenetics must be blank.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Modifications**

NAACCR v18A metafile:

- Description, logic updated to require Schema Discriminator 1 must not be blank
- Description updated to note that SSDI must be blank for Schema ID 00821, Schema Discriminator 1 = 1 or 9

18C: MCR modification is to skip pre-2019 instead of pre-2018. Two error messages were replaced.

**High Risk Histologic Features, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2731

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid High Risk Histologic Features code or blank:



**High Risk Histologic Features, Schema ID, Required (MCR/NAACCR)**

0: No high risk histologic features  
 1: Desmoplasia  
 2: Poor differentiation (grade 3)  
 3: Sarcomatoid differentiation  
 4: Undifferentiated (grade 4)  
 5: Multiple high risk histologic features  
 6: Histologic features, NOS (type of high risk histologic feature not specified)  
 8: Not applicable: Information not collected for this case  
 9: Not documented in medical record  
 High Risk Histologic Features not assessed or unknown if assessed

Another edit, High Risk Histologic Features, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

## High Risk Histologic Features, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/11/2019 14:12:09

Edit Tag MA2981

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that High Risk Histologic Features is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

**High Risk Histologic Features, Skin, Grade (NAACCR)**

00150: Cutaneous Carcinoma Head and Neck

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**High Risk Histologic Features, Skin, Grade (NAACCR)**

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

*Edit Tag* N3092***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that High Risk Histologic Features SSDI is coded consistently with the grade fields for Cutaneous Carcinoma of Head and Neck.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
  - b. Schema ID is not 00150
  - c. High Risk Histologic Features is blank or coded 8 (not applicable)
  - d. Grade Clinical, Grade Pathological, and Grade Post Therapy are all blank.
2. If High Risk Histologic Features is coded 2 (poor differentiation), Grade Clinical, Grade Pathological, or Grade Post Therapy must be coded 3. The SSDI must be consistent with one of these grade fields to pass the edit.
3. If High Risk Histologic Features is coded 4 (undifferentiated), Grade Clinical, Grade Pathological, or Grade Post Therapy must be coded 4. The SSDI must be consistent with one of these grade fields to pass the edit.

**Hist/Behav ICDO2, Hist/Behav ICDO3 (SEER IF126)*****Administrative Notes***

New edit - NAACCR v18C metafile

**Hist/Behav ICDO2, Hist/Behav ICDO3 (SEER IF126)**

Agency: SEER

Last changed: 06/27/2008

*Edit Tag* N0740***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks the following:

1. Morph--Type&Behav ICD-O-2 and Morph--Type&Behav ICD-O-3 cannot both be blank.
2. If Histology (92-00) ICD-O-2 is not blank, then Behavior (92-00)ICD-O-2 must not be blank and vice versa.
3. If Histologic Type ICD-O-3 is not blank, then Behavior Code ICD-O-3 must not be blank and vice versa.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF126

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

**Histologic Type ICD-O-3, Behavior, Grade (SEER)**

Agency: SEER

Last changed: 07/04/2018 15:26:04

*Edit Tag* N1784***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Histologic Type ICDO2 (COC)****Description**

This edit is skipped if any of the following conditions is true:

1. Histologic Type ICD-O-3 is blank
  2. Behavior Code ICD-O-3 is blank
  3. Grade is blank
  4. Diagnosis date greater than 2017
1. The following histology/grade combinations are impossible:  
Grades 5-8 with histologies not in the range 9590-9992
  2. Some terms in ICD-O-3 carry an implied statement of grade.  
These histologies must be reported with the correct grade  
as stated below in format of histology/behavior & grade:

|         |                                                |
|---------|------------------------------------------------|
| 8020/34 | Carcinoma, undifferentiated                    |
| 8021/34 | Carcinoma, anaplastic                          |
| 8331/31 | Follicular adenocarcinoma, well differentiated |
| 9082/34 | Malignant teratoma, undifferentiated           |
| 9083/32 | Malignant teratoma, intermediate type          |
| 9401/34 | Astrocytoma, anaplastic                        |
| 9451/34 | Oligodendroglioma, anaplastic                  |
| 9511/31 | Retinoblastoma, differentiated                 |
| 9512/34 | Retinoblastoma, undifferentiated               |

Edit allows grade of 9 for histologies 8020, 8021, 9082, and 9083 where primary site is coded as unknown, C809.

**Administrative Notes**

New edit - added to NAACCR v13A metafile.

- This edit was split out from original edit Morphology--Type/Behavior ICDO3 (SEER MORPH)

In the SEER\*Edits software, the title of this edit is: MorphICDO3\_P3

**Modifications****NAACCR v16E**

- Description, logic modified to allow grade 9 for histologies 8020, 8021, 9082, and 9083 when primary site is coded C809

**NAACCR v18**

- Logic for change in v16E corrected to work as described
- Description, logic modified to skip for diagnosis year > 2017

**Histologic Type ICDO2 (COC)**

Agency: COC

Last changed: 09/03/2015

Edit Tag N0355

**Histologic Type ICDO3 (SEER)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This field is allowed to be blank because the item was not required after 2000. Another edit (Histology ICD02, Date DX, Date 1st Contact) verifies that this item is not blank if the year of Date of Diagnosis (or, if Date of Diagnosis is unknown, Date of 1st Contact), is less than 2001. Registries should include both edits in their edit set.

Must be a valid Histology (92-00) ICD-O-2 code (8000-9989). A table lookup verifies that the code is included in the International Classification of Diseases for Oncology, Second Edition (ICD-O-2).

***Administrative Notes***

Modifications

NAACCR v13A

- Edit updated so that it does a table lookup.

Previous version performed a range check only and another edit [Morphology--Type/Behavior (SEER MORPH)] included the table lookup to verify that Histology (92-00) ICD-O-2 is a valid ICD-O-2 code. Both edits now include the table lookup.

NAACCR v15A

- Edit logic rewritten to use HISICD02.DBF (Histology ICD-O-2) instead of MORPH.BIN.

**Histologic Type ICDO3 (SEER)**

Agency: SEER

Last changed: 01/02/2018 12:03:07

Edit Tag N0795

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Histologic Type ICD-O-3 must be a valid ICDO-O-3 histology code or blank.

***Administrative Notes***

Modifications:

NAACCR v15A

- Edit logic rewritten to look in HISICDO3.DBF (Histology ICD-O-3), instead of in MORPH01.BIN.

**Histologic Type ICD03, Solid Tumor Rules (NAACCR)**

NAACCR v18

- Codes implemented in 2018 added to lookup table HISICDO3
- Call to table in logic updated to EW5 format

**Histologic Type ICD03, Solid Tumor Rules (NAACCR)**

Agency: NAACCR

Last changed: 07/23/2019 17:19:11

*Edit Tag N4911****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit enforces histology coding restrictions by primary site for 2018+ cases.

- This edit is skipped if any of the following conditions are true:
  - Date of diagnosis less than 2018, blank (unknown), or invalid
  - Histologic Type ICD-O-3 is blank
- For diagnosis date = 2018+:
  - If Primary Site = C739, 8510 is invalid
  - If Primary Site = C340-C349, 8550 is invalid.
- For diagnosis date 2019+:
  - 8253, 8254, 8256, and 8257 are valid for C340-C349 only.
  - 9150 is valid for Hemangiopericytoma Grade 4
  - 8363, grade 1,2 is valid for C300, C310-C319
- For diagnosis date 2019+, for the Primary Sites listed, the Histologic Type ICD-O-3 codes in the USE column (title in the Histology column) should be used in preference to the codes in the DO NOT USE column, based on Solid Tumor Rules.

| Site         | USE  | DO NOT | Histology                           | USE                    |
|--------------|------|--------|-------------------------------------|------------------------|
| C079-C089    | 8980 | 8940   | Carcinosarcoma                      |                        |
| C079-C089    | 8562 | 8983   | Epithelial-myoepithelial carcinoma  |                        |
| C090-C109    | 8525 | 8201   | Polymorphous carcinoma              |                        |
| C110-C119    | 8070 | 8082   | Squamous Cell Carcinoma             |                        |
| C110-C119    | 8070 | 8020   | Squamous Cell Carcinoma             |                        |
| C111         |      | 8525   | 8201                                | Polymorphous carcinoma |
| C180-C209    | 8140 | 8210   | Adenocarcinoma                      |                        |
| C180-C209    | 8140 | 8261   | Adenocarcinoma                      |                        |
| C180-C209    | 8140 | 8144   | Adenocarcinoma                      |                        |
| C180-C209    | 8140 | 8501   | Adenocarcinoma                      |                        |
| C180-C209    | 8244 | 8245   | Mixed adenoneuroendocrine carcinoma |                        |
| C180-C209    | 8265 | 8507   | Micropapillary adenocarcinoma       |                        |
| EditWriter 5 |      | 510    |                                     | 10/17/2019 02:45 PM    |

**Histologic Type ICDO3, Solid Tumor Rules (NAACCR)**

|                          |                |      |      |                               |
|--------------------------|----------------|------|------|-------------------------------|
|                          | C300,C310-C319 | 8144 | 8480 | Colloid Type Adenocarcinoma   |
|                          | C300,C310-C319 | 9540 | 9560 | Peripheral Nerve Sheath Tumor |
|                          | C300,C310-C319 | 8072 | 8121 | Non-keratinizing SCC          |
|                          | C300,C310-C319 | 8072 | 8120 | Non-keratinizing SCC          |
|                          | C300,C310-C319 | 9522 | 9521 | Olfactory neuroblastoma       |
|                          | C300,C310-C319 | 9522 | 9523 | Olfactory neuroblastoma       |
|                          | C300,C310-C319 | 9364 | 9500 | Primitive neuroectodermal     |
| tumor                    | C300,C310-C319 | 9364 | 9260 | Primitive neuroectodermal     |
| tumor                    | C300,C310-C319 | 9364 | 9503 | Primitive neuroectodermal     |
| tumor                    | C300,C310-C319 | 9081 | 9080 | Teratocarcinoma               |
|                          | C300,C310-C319 | 8802 | 8830 | Pleomorphic cell sarcoma      |
|                          | C300,C310-C319 | 8140 | 8263 | Tubulopapillary               |
| adenocarcinoma low grade | C340-C349      | 8551 | 8550 | Acinar adenocarcinoma         |
|                          | C340-C349      | 8562 | 8983 | Epithelial-myoepithelial      |
| carcinoma                | C340-C349      | 8083 | 8123 | Basaloid carcinoma            |
|                          | C340-C349      | 8265 | 8507 | Micropapillary adenocarcinoma |
|                          | C470-C479      | 8815 | 9150 | Solitary fibrous tumor        |
|                          | C470-C479      | 8802 | 8830 | Undifferentiated pleomorphic  |
| sarcoma                  | C500-C509      | 8503 | 8260 | Papillary carcinoma           |
|                          | C619           | 8140 | 8550 | Adenocarcinoma                |
|                          | C649           | 8312 | 8318 | Renal cell                    |
|                          | C649           | 8510 | 8318 | Renal medullary               |
|                          | C649           | 9364 | 9260 | PNET/Ewing                    |
|                          | C649           | 8041 | 8240 | Small cell                    |
| neuroendocrine           | C700-C729      | 8815 | 9150 | Solitary fibrous tumor        |
|                          | C751-C753      | 8815 | 9150 | Solitary fibrous tumor        |
|                          | C700-C729      | 8802 | 8830 | Undifferentiated pleomorphic  |
| sarcoma                  | C751-C753      | 8802 | 8830 | Undifferentiated pleomorphic  |
| sarcoma                  | C739           | 8260 | 8050 | Papillary carcinoma           |
|                          | C739           | 8345 | 8510 | Medullary Carcinoma           |
|                          | C739           | 8346 | 8510 | Medullary Carcinoma           |
|                          | C739           | 8512 | 8510 | Medullary Carcinoma           |
|                          | C739           | 8513 | 8510 | Medullary Carcinoma           |

**Administrative Notes**

New edit - NAACCR v18 metafile

**Modifications****NAACCR v18C**

- Name changed from Histologic Type ICD-O-3, Primary Site, Date of Diagnosis (NAACCR)

**Histology ICDO2, Histology ICDO3 (SEER IF94)**

- Edit expanded to include checks on multiple sites/histologies based on Solid Tumor Rules
- Edit description, logic modified to allow 8480 for C340-C349

**NAACCR v18D**

- Description, logic changed: 8255 replaced by 8257 in list of histologies valid only for C340-C349 for cases >= 2019; error message changed from "not preferred" to "not valid" if other primary site coded
- Error message changed for C340-C349, 8550, from "not preferred for Grade Clinical >= 2018" to "not valid for Date of Diagnosis >= 2018"
- Error message changed for C739, 8050 from "not preferred for Grade Clinical >= 2018" to "not valid"
- Description, 8054 preferred over 8051 for C600-C609 removed
- Description, 8500 preferred over 8010 for C500-C509 removed

**Histology ICDO2, Histology ICDO3 (SEER IF94)**

Agency: SEER

Last changed: 06/27/2008

*Edit Tag* N0478***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Histology (92-00) ICD-O-2 and Histologic Type ICD-O-3 cannot both be blank.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF94

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

**Histology ICDO3, Date DX, Date 1st Cont (NAACCR)**

Agency: NAACCR

Last changed: 12/24/2009

*Edit Tag* N0500***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |



**Histology ICD03, Grade, Date of DX (SEER)****Description**

If year of Date of Diagnosis is greater than 2000, then Histologic Type ICD-O-3 cannot be blank. However, if the Date of Diagnosis is blank (unknown), then the of Date of 1st Contact is checked. If the year of Date of 1st Contact is greater than 2000, then Histologic Type ICD-O-3 cannot be blank.

**Administrative Notes**

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**Histology ICD03, Grade, Date of DX (SEER)**

Agency: SEER

Last changed: 04/04/2018 00:42:41

Edit Tag N1965

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit validates the coding of grade by histology based on the Hematopoietic and Lymphoid

Neoplasm Coding Manual and applies to cases diagnosed 2010 through 2017

Sources:

- Hematopoietic and Lymphoid Neoplasm Database & Coding Manual (Appendix E)
- 2015 Implementation Guidelines and Recommendations (Appendix B)

This edit is skipped if any of the following conditions is true:

1. Date of Diagnosis is blank or invalid
2. Year of Date of Diagnosis is less than 2010 or greater than 2017
3. Grade is blank
4. Histologic Type ICD-O-3 is blank

Source: Hematopoietic and Lymphoid Neoplasm Coding Manual, Rule G2

Grade must be 5 for the following Histologic Type ICD-O-3 codes:

9700, 9701, 9702, 9705, 9708, 9709, 9716, 9717, 9718, 9724,  
9725, 9726, 9827, 9834, 9837

Source: Hematopoietic and Lymphoid Neoplasm Coding Manual, Rule G3

Grade must be 6 for the following Histologic Type ICD-O-3 codes:

9591, 9596, 9597, 9659, 9671, 9673, 9678, 9679, 9680,  
9687, 9688, 9689, 9690, 9691, 9695, 9698, 9699, 9712,  
9731, 9732, 9734, 9737, 9738, 9761, 9762, 9811, 9812, 9813, 9814,  
9815, 9816, 9817, 9818, 9823, 9826, 9833, 9940

Source: Hematopoietic and Lymphoid Neoplasm Coding Manual, Rule G2

Grade must be 5 or 6 for the following Histologic Type ICD-O-3 codes:

9714

**Histology ICD03, Grade, Date of DX (SEER)**

Source: Hematopoietic and Lymphoid Neoplasm Coding Manual, Rule G4

Grade must be 8 for the following Histologic Type ICD-O-3 codes:

9719, 9948

Source: Hematopoietic and Lymphoid Neoplasm Coding Manual, Rule G1

Grade must be 9 for the following Histologic Type ICD-O-3 codes:

9740, 9741, 9742, 9751, 9755, 9756, 9757, 9758, 9759, 9801,  
9806, 9807, 9808, 9809, 9875, 9876, 9945, 9946, 9950, 9961,  
9962, 9963, 9964, 9975, 9980, 9982, 9983, 9985, 9986, 9989,  
9991, 9992

Grade must be 5, 8, or 9 for the following Histologic Type ICD-O-3 code or blank:  
9831

Source: Hematopoietic and Lymphoid Neoplasm Database

Grade must not = 1-4 for the following Histologic Type ICD-O-3 codes:

9590, 9650, 9651, 9652, 9653, 9655, 9663, 9727, 9735, 9800, 9820, 9832, 9840, 9860,  
9861, 9863,  
9865-9867, 9869, 9870-9874, 9891, 9895-9898, 9910, 9911, 9920, 9930, 9931, 9965,  
9966, 9967,  
9971

***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

In the SEER\*Edits software, the title of this edit is: IF380

**Modifications:****NAACCR v12.2**

- Modified to allow grades 5, 8, and 9 for 9831 instead of just grade 5.

**NAACCR v13**

- Modified for cases diagnosed 2012 and later:

- grade must = 6 for 9826
- grade must = 9 for 9756

**NAACCR v15**

- Histology code 9714 added as code that must be coded to grade 5 or 6 for diagnosis year 2010 and later
- Histology codes 9659 and 9761 added to list of codes that must be coded to grade 6 for diagnosis year 2010 and later
- Histology codes 9670, 9728, and 9836 removed from list of codes that must be coded to grade 6 for diagnosis year 2010 and later; these codes are obsolete
- Diagnosis year for which histology code 9826 must be coded to grade 6 changed from '2012 and later' to '2010 and later'
- Diagnosis year for which histology code 9756 must be coded to grade 9 changed from '2012 and later' to '2010 and later'

**HIV Status, Date DX (NAACCR)**

- Histology code 9805 removed from the list of codes that must be coded to grade 9 for diagnosis year 2010 and later; 9805 is obsolete and will be flagged as an error in another edit
- Added list of histologies for which grade must not be 1-4

## NAACCR v18

- Added skip for diagnosis year > 2017 to description, pass for diagnosis year > 2017 to logic.

**HIV Status, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2645***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid HIV Status code or blank:

- 0: Not associated with Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS)  
HIV negative
- 1: Associated with HIV/AIDS  
HIV positive
- 7: Test done, results not in chart
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
- HIV Status not assessed or unknown if assessed

Another edit, HIV Status, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**HIV Status, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/11/2019 14:01:32

*Edit Tag* MA2944

**ICD-O-2 Conversion Flag (SEER ICDOREV)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that HIV Status is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00790: Lymphoma  
00795: Lymphoma (CLL/SLL)

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**ICD-O-2 Conversion Flag (SEER ICDOREV)**

Agency: SEER

Last changed: 03/31/2003

*Edit Tag* N0147

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid ICD-O-2 Conversion Flag code 0-6 or blank.

## ICD-O-3 Conversion Flag (NAACCR)

**ICD-O-3 Conversion Flag (NAACCR)**

Agency: NAACCR

Last changed: 04/12/2007

*Edit Tag* N0487***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid ICD-O-3 Conversion Flag code 0, 1, 3, or blank.

***Administrative Notes***

Modifications:

NACR110C:

08/20/06

Edit was allowing 0-4 and blank based on Volume II, Version 9.1. However, the standard changed as of Volume II, Version 10, to allow only 0, 1, 3, and blank. Edit has now been updated accordingly.

**ICD-O-3 Conversion Flag, Histology ICDO3 (SEER IF95)**

Agency: SEER

Last changed: 04/09/2018 20:11:52

*Edit Tag* N0498***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If ICD-O-3 Conversion Flag is not blank (that is, the record was converted from ICD-O-2 to ICD-O-3), then Histologic Type ICD-O-3 cannot be blank.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF95

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v18

**International Normalized Ratio Prothrombin Time, Date DX (NAACCR)**

- Name changed, space before (SEER IF95), parenthesis added at end

## International Normalized Ratio Prothrombin Time, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2653

### Edit Sets

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### Description

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid International Normalized Ratio Prothrombin Time code or blank:

0.0: 0.0

0.1: 0.1 or less

0.2-9.9: 0.2-9.9

(Exact ratio to nearest tenth)

X.1: 10 or greater

X.7: Test ordered, results not in chart

X.8: Not applicable: Information not collected for this case

X.9: Not documented in medical record

INR International Normalized Ratio Prothrombin Time not assessed  
or unknown if assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, International Normalized Ratio Prothrombin Time, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

### Administrative Notes

New edit - NAACCR v18 metafile

## International Normalized Ratio Prothrombin Time, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/11/2019 12:15:10

**Invasion Beyond Capsule, Date DX (NAACCR)***Edit Tag* MA3926***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

International Normalized Ratio Prothrombin Time is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that International Normalized Ratio Prothrombin Time is not "X.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00220: Liver

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Invasion Beyond Capsule, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:23:53

*Edit Tag* N2893***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Invasion Beyond Capsule, Kidney, EOD Primary Tumor (SEER)****Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Invasion Beyond Capsule code or blank:

- 0: Invasion beyond capsule not identified
- 1: Perinephric (beyond renal capsule) fat or tissue
- 2: Renal sinus
- 3: Gerota's fascia
- 4: Any combination of codes 1-3
- 5: Invasion beyond capsule, NOS
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
  - Invasion Beyond Capsule not assessed or unknown if assessed
  - No surgical resection of primary site is performed

Another edit, Invasion Beyond Capsule, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

**Invasion Beyond Capsule, Kidney, EOD Primary Tumor (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N3053

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Purpose: This edit verifies that Invasion Beyond Capsule SSDI is coded consistently with EOD Primary Tumor.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
  - b. Schema ID is not 00600
  - c. Invasion Beyond Capsule is blank or 8 (not applicable)
  - d. EOD Primary Tumor is blank
2. If Invasion Beyond Capsule = 1,3-5 (invasion beyond capsule), then EOD Primary Tumor must = 200-700 (involvement of perinephric tissue or higher) or



**Invasion Beyond Capsule, Kidney, Summary Stage 2018 (MCR/NAACCR)**  
999 (unknown extension)

### ***Administrative Notes***

New edit - NAACCR v18C metafile

## **Invasion Beyond Capsule, Kidney, Summary Stage 2018 (MCR/NAACCR)**

Agency: NONE

Last changed: 04/11/2019 12:01:12

Edit Tag MA5050

### ***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### ***Description***

Purpose: This edit verifies that Invasion Beyond Capsule SSDI is coded consistently with Summary Stage 2018.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
  - b. Schema ID is not 00600
  - c. Invasion Beyond Capsule is blank or 8 (not applicable)
  - d. Summary Stage 2018 is blank
2. If Invasion Beyond Capsule = 1,3-5 (invasion beyond capsule), then Summary Stage 2018 must not = 0, 1, or 3 (in situ, local, or regional by nodal involvement only).

### ***Administrative Notes***

New edit - NAACCR v18C metafile

**Invasion Beyond Capsule, Kidney, Surgery (NAACCR)**

MCR modification is to skip pre-2018 instead of pre-2019, and to replace an error message capture with a FAIL in the logic (the default error message didn't seem to be used).

**Invasion Beyond Capsule, Kidney, Surgery (NAACCR)**

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

*Edit Tag* N6081***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Purpose: This edit verifies that Invasion Beyond Capsule SSDI is coded consistently with RX Summ--Surg Prim Site for Kidney Parenchyma.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
  - b. Schema ID is not 00600
  - c. Invasion Beyond Capsule is blank or 8 (not applicable)
  - d. RX Summ--Surg Prim Site is blank
2. If RX Summ-Surg Prim Site = 00 (no surgery) or 10-15 (tumor destruction without pathology specimen) or 20-27 (local excision), Invasion Beyond Capsule must = 9 (no surgical resection of primary site)

***Administrative Notes***

New edit - NAACCR v18C metafile

**Invasion Beyond Capsule, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/11/2019 11:50:11

*Edit Tag* MA2894***Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
|---------------|--------------|-------------|

**Ipsilateral Adrenal Gland Involvement, Date DX (NAACCR)**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Invasion Beyond Capsule is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00600: Kidney Parenchyma

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Ipsilateral Adrenal Gland Involvement, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:23:26

Edit Tag N2890

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

- This data item must be blank for pre-2018 diagnoses.
- Must be a valid Ipsilateral Adrenal Gland Involvement code or blank:

**Ipsilateral Adrenal Gland Involvement, Kidney, EOD Tumor, Mets (SEER)**

- 0: Ipsilateral adrenal gland involvement not present/not identified
- 1: Adrenal gland involvement by direct involvement (contiguous involvement)
- 2: Adrenal gland involvement by separate nodule (noncontiguous involvement)
- 3: Combination of codes 1-2
- 4: Ipsilateral adrenal gland involvement, unknown if direct involvement or separate nodule
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
  - Ipsilateral adrenal gland not resected
  - Ipsilateral adrenal gland involvement not assessed or unknown if assessed
  - No surgical resection of primary site is performed

Another edit, Ipsilateral Adrenal Gland Involvement, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

## Ipsilateral Adrenal Gland Involvement, Kidney, EOD Tumor, Mets (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N3954

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit verifies that the Ipsilateral Adrenal Gland Involvement SSDI is coded consistently with EOD Primary Tumor and EOD Mets.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
  - b. Schema ID is not 00600.
  - c. Ipsilateral Adrenal Gland Involvement is blank or 8 (not applicable).
3. If Ipsilateral Adrenal Gland Involvement = 1 (contiguous involvement), then EOD Primary Tumor must = 600-700 (ipsilateral adrenal gland involvement or higher) or 999 (unknown extension)
4. If Ipsilateral Adrenal Gland Involvement = 2 or 3 (discontiguous involvement), then EOD Mets must = 70 (noncontiguous involvement).

**Ipsilateral Adrenal Gland Involvement, Kidney, Summary Stage 2018 (MCR/NAACCR)*****Administrative Notes***

New edit - NAACCR v18C metafile

**Ipsilateral Adrenal Gland Involvement, Kidney, Summary Stage 2018 (MCR/NAACCR)**

Agency: NONE

Last changed: 04/11/2019 11:44:58

Edit Tag MA5051

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the Ipsilateral Adrenal Gland Involvement SSDI is coded consistently with Summary Stage 2018.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
  - b. Schema ID is not 00600.
  - c. Ipsilateral Adrenal Gland Involvement is blank or 8 (not applicable).
  - d. Summary Stage 2018 is blank
1. If Ipsilateral Adrenal Gland Involvement = 1 (contiguous involvement), then Summary Stage 2018 must not = 0, 1, or 3 (in situ, local, or regional by nodal involvement only)
3. If Ipsilateral Adrenal Gland Involvement = 2 or 3 (discontiguous involvement), then Summary Stage 2018 must = 7.

***Administrative Notes***

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019.

**Ipsilateral Adrenal Gland Involvement, Kidney, Surgery (NAACCR)**

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

**Ipsilateral Adrenal Gland Involvement, Schema ID, Required (MCR/NAACCR)***Edit Tag* N6082***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the Ipsilateral Adrenal Gland Involvement SSDI is coded consistently with RX Summ--Surg Prim Site.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID is not 00600.
  - Ipsilateral Adrenal Gland Involvement is blank or 8 (not applicable).
  - RX Summ--Surg Prim Site is blank
- If RX Summ--Surg Prim Site = 00 (no surgery of primary site) or 10-15 (local tumor destruction (no specimen sent to pathology), or 20-27 (local excision) and RX Summ--Surg Oth Reg/Dis = 0 or 3 (no surgery of other site, surgery of distant lymph nodes)
 

Then the data item must be coded 9 (no surgical resection of primary site).

***Administrative Notes***

New edit - NAACCR v18C metafile

## Ipsilateral Adrenal Gland Involvement, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/11/2019 11:27:39

*Edit Tag* MA2891***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.

**JAK2, Date DX (NAACCR)**

c. Type of Reporting Source = 7 (Death Certificate Only)

2. This edit verifies that Ipsilateral Adrenal Gland Involvement is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00600: Kidney Parenchyma

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**JAK2, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2646

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses

2. Must be a valid JAK2 code or blank:

0: JAK2 result stated as negative  
1: JAK2 positive for mutation V617F WITH or WITHOUT other mutations  
2: JAK2 positive for exon 12 mutation  
3: JAK2 positive for other specified mutation  
4: JAK2 positive for more than one mutation other than V617F  
5: JAK2 positive NOS  
Specific mutation(s) not stated  
7: Test ordered, results not in chart  
8: Not applicable: Information not collected for this case  
9: Not documented in medical record

**JAK2, Schema ID, Required (MCR/NAACCR)**

JAK2 not assessed or unknown if assessed

Another edit, JAK2, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**JAK2, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/11/2019 11:25:26

*Edit Tag* MA2945***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that JAK2 is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00830: HemeRetic

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.



**Ki-67, Date DX (NAACCR)****Ki-67, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 07/14/2018 11:43:10

*Edit Tag* N2686***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Ki-67 code or blank:

0.0-100.0: 0.0-100.0 percent positive: enter percent positive  
 XXX.7: Test done, actual percentage not stated  
 XXX.8: Not applicable: Information not collected for this case  
 XXX.9: Not documented in medical record  
 Ki-67(MIB-1) not assessed or unknown if assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, Ki-67, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Ki-67, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/11/2019 11:23:27

*Edit Tag* MA3927***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank

**KIT Gene Immunohistochemistry, Date DX (NAACCR)**

c. CoC Accredited Flag not = 1

Ki-67 is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Ki-67 is not "XXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**KIT Gene Immunohistochemistry, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2698

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid KIT Gene Immunohistochemistry code or blank:

0: KIT negative/normal; within normal limits

1: KIT positive

7: Test ordered, results not in chart

8: Not applicable: Information not collected for this case

9: Not documented in medical record

Cannot be determined by the pathologist

**KIT Gene Immunohistochemistry, Schema ID, Required, CoC Flag (MCR/SEER)**

KIT Gene Immunohistochemistry not assessed or unknown if assessed

Another edit, KIT Gene Immunohistochemistry, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**KIT Gene Immunohistochemistry, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/11/2019 11:19:52

*Edit Tag* MA3928***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1.

KIT Gene Immunohistochemistry is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that KIT Gene Immunohistochemistry is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00430: GIST

**KRAS, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**KRAS, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2696

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid KRAS code or blank:

- 0: Normal (wild type)  
Negative for mutations
- 1: Abnormal (mutated) in codon(s) 12, 13 and/or 61
- 2: Abnormal (mutated) in codon 146 only
- 3: Abnormal (mutated), but not in codon(s) 12, 13, 61, or 146
- 4: Abnormal (mutated), NOS, codon(s) not specified
- 7: Test ordered, results not in chart
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record  
KRAS not assessed or unknown if assessed

***Administrative Notes***

New edit - NAACCR v18 metafile

**KRAS, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/11/2019 10:37:40

Edit Tag MA2997

***Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
|---------------|--------------|-------------|

**Laterality (SEER LATERAL)**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that KRAS is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00200: Colon and Rectum

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Laterality (SEER LATERAL)**

Agency: SEER

Last changed: 04/08/2009

Edit Tag N0005

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Must be a valid Laterality code (0-5, 9).

**Administrative Notes**

Modifications

NAACCR v12

4/2009

EditWriter 5

**Laterality, Primary Site, Date of Diag (SEER IF24)**

- Code 5 (Paired site: midline tumor) added

**Laterality, Primary Site, Date of Diag (SEER IF24)**

Agency: SEER

Last changed: 04/02/2019 21:26:58

*Edit Tag* N0652***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of Diagnosis is blank.

The following paired organ sites must have a code other than zero for Laterality:

C079 Parotid gland  
 C080 Submandibular gland  
 C091 Tonsillar pillar  
 C098-C099 Tonsil, NOS  
 C301 Middle ear  
 C310 Maxillary sinus  
 C312 Frontal sinus  
 C341-C349 Lung  
 C384 Pleura  
 C500-C509 Breast  
 C569 Ovary  
 C570 Fallopian tube  
 C620-C629 Testis  
 C630 Epididymis  
 C631 Spermatic cord  
 C649 Kidney, NOS  
 C659 Renal pelvis  
 C669 Ureter  
 C690-C699 Eye  
 C740-C749 Adrenal gland  
 C754 Carotid body

For cases diagnosed after 1978 or Date of Diagnosis is blank (unknown), and one of the following sites, Laterality must not be zero:

C081 Sublingual gland  
 C090 Tonsillar fossa  
 C400 Long bones of upper limb, scapula and associated joints  
 C401 Short bones of upper limb and associated joints  
 C402 Long bones of lower limb and associated joints  
 C403 Short bones of lower limb and associated joints  
 C441 Skin of eyelid  
 C442 Skin of external ear  
 C443 Skin of other and unspecified parts of face  
 (midline code `9' for pre-2010, code `5' for 2010+)  
 C445 Skin of trunk (midline code `9' for pre-2010, code `5' for 2010+)

**Laterality, Primary Site, Date of Diag (SEER IF24)**

|      |                                                                             |
|------|-----------------------------------------------------------------------------|
| C446 | Skin of upper limb and shoulder                                             |
| C447 | Skin of lower limb and hip                                                  |
| C471 | Peripheral nerves and autonomic nervous system of upper limb and shoulder   |
| C472 | Peripheral nerves and autonomic nervous system of lower limb and hip        |
| C491 | Connective, subcutaneous, and other soft tissues of upper limb and shoulder |
| C492 | Connective, subcutaneous, and other soft tissues of lower limb and hip      |

For cases diagnosed after 2003 or Date of Diagnosis is blank (unknown), and one of the following sites, Laterality must not be zero:

|      |                        |
|------|------------------------|
| C700 | Cerebral meninges, NOS |
| C710 | Cerebrum               |
| C711 | Frontal lobe           |
| C712 | Temporal lobe          |
| C713 | Parietal lobe          |
| C714 | Occipital lobe         |
| C722 | Olfactory nerve        |
| C723 | Optic nerve            |
| C724 | Acoustic nerve         |
| C725 | Cranial nerve, NOS     |

Laterality code of 5 (paired site: midline tumor) is allowed only for cases diagnosed 2010 or later and only for these paired brain and CNS sites: C700, C710-C714, C722-C725, and these paired skin sites: C443 and C445.

For cases diagnosed 2018 and later, laterality is no longer required for C090 and C091.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF24

This edit differs from the COC edit "Laterality, Primary Site, Date of Diag (COC)" in that:

1. The COC version, except for the CNS sites, does not use the Date of Diagnosis when requiring a laterality code other than zero for paired organ sites.
2. The COC version allows Laterality code 5 (Paired site: midline tumor) for all years of diagnosis; the SEER version allows code 5 only for cases diagnosed 2010 and later.

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software

**Laterality, Primary Site, Morph ICDO3 (SEER IF42)**

## NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Edit is skipped if Date of Diagnosis is blank.
- Code 5 (paired site: midline tumor) is allowed only for 2010+ cases.

## NAACCR v12.1

- Laterality code of 5 (paired site: midline tumor) is allowed only for cases diagnosed 2010 or later and only for these paired brain and CNS sites: C700, C710-C714, C722-C725, and these paired skin sites: C443 and C445.

## NAACCR v18C

- Description, logic updated to not require laterality for C090 and C091 for 2018+ diagnoses.

**Laterality, Primary Site, Morph ICDO3 (SEER IF42)**

Agency: SEER

Last changed: 04/02/2019 21:28:31

*Edit Tag* N0445***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following is true:

1. Histologic Type ICD-O-3 is empty
2. Histologic Type ICD-O-3 >= 9590
3. Diagnosis year is greater than 1987 or is blank, and Histologic Type ICD-O-3 = 9140
4. Over-ride Site/Lat/Morph field contains a '1' (review complete)

If the Primary Site is a paired organ (see lists below) and the Behavior Code ICD-O-3 is in situ (`2'), then Laterality must be `1', `2', `3', or `5', meaning right: origin of primary;  
left: origin of primary; or only one side involved, right or left origin unspecified; paired  
site: midline tumor.

For all diagnosis years the following are considered paired organ sites for purposes of this edit:

|           |                     |
|-----------|---------------------|
| C079      | Parotid gland       |
| C080      | Submandibular gland |
| C091      | Tonsillar pillar    |
| C098-C099 | Tonsil, NOS         |
| C301      | Middle ear          |
| C310      | Maxillary sinus     |
| C312      | Frontal sinus       |
| C341-C349 | Lung                |



**Laterality, Primary Site, Morph ICDO3 (SEER IF42)**

|           |                |
|-----------|----------------|
| C384      | Pleura         |
| C500-C509 | Breast         |
| C569      | Ovary          |
| C570      | Fallopian tube |
| C620-C629 | Testis         |
| C630      | Epididymis     |
| C631      | Spermatic cord |
| C649      | Kidney, NOS    |
| C659      | Renal pelvis   |
| C669      | Ureter         |
| C690-C699 | Eye            |
| C740-C749 | Adrenal gland  |
| C754      | Carotid body   |

For cases diagnosed after 1978 or if diagnosis date is blank, the following are also considered

paired organ sites for purposes of this edit:

|      |                                                                             |
|------|-----------------------------------------------------------------------------|
| C081 | Sublingual gland                                                            |
| C090 | Tonsillar fossa                                                             |
| C400 | Long bones of upper limb, scapula and associated joints                     |
| C401 | Short bones of upper limb and associated joints                             |
| C402 | Long bones of lower limb and associated joints                              |
| C403 | Short bones of lower limb and associated joints                             |
| C441 | Skin of eyelid                                                              |
| C442 | Skin of external ear                                                        |
| C446 | Skin of upper limb and shoulder                                             |
| C447 | Skin of lower limb and hip                                                  |
| C471 | Peripheral nerves and autonomic nervous system of upper limb and shoulder   |
| C472 | Peripheral nerves and autonomic nervous system of lower limb and hip        |
| C491 | Connective, subcutaneous, and other soft tissues of upper limb and shoulder |
| C492 | Connective, subcutaneous, and other soft tissues of lower limb and hip      |

For cases diagnosed 2018 and later, laterality is no longer required for C090 and C091.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF42\_3

**Modifications:**

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Modified to include laterality code 5 (paired site: midline tumor).

NAACCR v18C

**LDH Post-Orchiectomy Range, Date DX (NAACCR)**

- Description, logic updated to not require laterality for C090 and C091 for 2018+ diagnoses.

**LDH Post-Orchiectomy Range, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2718

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid LDH Post-Orchiectomy Range code or blank:

- 0: Within normal limits
- 1: Less than 1.5 x N  
(Less than 1.5 times the upper limit of normal for LDH)
- 2: 1.5 to 10 x N  
(Between 1.5 and 10 times the upper limit of normal for LDH)
- 3: Greater than 10 x N  
(Greater than 10 times the upper limit of normal for LDH)
- 4: Post-Orchiectomy lactate dehydrogenase (LDH) range stated to be elevated
- 7: Test ordered, results not in chart
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record  
No orchiectomy performed
- LDH Post-Orchiectomy Range not assessed or unknown if assessed

Another edit, LDH Post-Orchiectomy Range, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

**LDH Post-Orchiectomy Range, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/11/2019 10:33:25

**LDH Pre-Orchiectomy Range, Date DX (NAACCR)***Edit Tag* MA2982***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that LDH Post-Orchiectomy Range is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**LDH Pre-Orchiectomy Range, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2715***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

- This data item must be blank for pre-2018 diagnoses

**LDH Pre-Orchiectomy Range, Schema ID, Required (MCR/NAACCR)**

2. Must be a valid LDH Pre-Orchiectomy Range code or blank:

- 0: Within normal limits
- 1: Less than 1.5 x N  
(Less than 1.5 times the upper limit of normal for LDH)
- 2: 1.5 to 10 x N  
(Between 1.5 and 10 times the upper limit of normal for LDH)
- 3: Greater than 10 x N  
(Greater than 10 times the upper limit of normal for LDH)
- 4: Pre-Orchiectomy lactate dehydrogenase (LDH) stated to be elevated
- 7: Test ordered, results not in chart
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
- LDH Pre-Orchiectomy Range not assessed or unknown if assessed

Another edit, LDH Pre-Orchiectomy Range, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

## **LDH Pre-Orchiectomy Range, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 22:51:19

Edit Tag MA2983

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that LDH Pre-Orchiectomy Range is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00590: Testis

**LDH Pretreatment Lab Value, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**LDH Pretreatment Lab Value, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 07/14/2018 11:43:47

Edit Tag N2656

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid LDH Pretreatment Lab Value code or blank:

0.0: 0.0 (U/L)  
 0.1-99999.9: 0.1-99,999.9 U/L  
 XXXXX.1: 100,000 U/L or greater  
 XXXXX.7: Test ordered, results not in chart  
 XXXXX.8: Not applicable: Information not collected for this case  
 XXXXX.9: Not documented in medical record  
     LDH Pretreatment Lab Value not assessed or unknown if assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, Serum LDH Pretreatment Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

LDH Pretreatment Lab Value, Schema ID, Required (NAACCR)

## LDH Pretreatment Lab Value, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 07/28/2018 11:00:42

*Edit Tag* N2934

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2018, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that LDH Pretreatment Lab Value is not "XXXXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

This data item is required for EOD Derived Stage Group.

Required for Schema ID:

00470: Melanoma Skin

### *Administrative Notes*

New edit - NAACCR v18 metafile

## LDH Pretreatment Level, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:22:27

*Edit Tag* N2750

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**LDH Pretreatment Level, Melanoma, Schema ID, Required (MCR/NAACCR)****Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LDH Pretreatment Level code or blank:

0: Normal LDH level  
     Low, below normal  
 1: Above normal LDH level; High  
 7: Test done, results not in chart  
 9: Not documented in medical record  
     LDH Pretreatment Level not assessed or unknown if assessed

Other edits, LDH Pretreatment Level, Melanoma, Schema ID, Required (NAACCR), and LDH Pretreatment Level, Myeloma, Schema ID, Required (NAACCR) check that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging for Myeloma, and EOD Derived Stage Group for Melanoma of Skin and Myeloma.

**Administrative Notes**

New edit - NAACCR v18 metafile

## LDH Pretreatment Level, Melanoma, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/10/2019 22:46:45

Edit Tag MA3902

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.

**LDH Pretreatment Level, Myeloma, Schema ID, Required (NAACCR)**

c. Type of Reporting Source = 7 (Death Certificate Only)

1. This edit verifies that LDH Pretreatment Level is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for EOD Derived Stage Group.

Required for Schema ID:

00470: Melanoma of Skin

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**LDH Pretreatment Level, Myeloma, Schema ID, Required (NAACCR)**

Agency: NAACCR

Last changed: 09/18/2018 22:09:46

Edit Tag N2895

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that LDH Pretreatment Level is coded (not blank) for the Schema IDs for which it is required by a standard setter. Schema Discriminator 1 is required to identify a plasma cell myeloma diagnosis eligible for RISS staging.

This data item is required for AJCC staging and EOD Derived Stage Group.



**LDH Upper Limits of Normal, Date DX (NAACCR)**

Required for Schema ID:

00821: Plasma Cell Myeloma:

Schema Discriminator 1 is not blank

If Schema Discriminator 1 = 0, LDH Pretreatment Level is not blank.

If Schema Discriminator 1 = 1 or 9, LDH Pretreatment Level must be blank.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Modifications**

NAACCR v18A

- Description updated to note that SSDI must be blank for Schema ID 00821, Schema Discriminator 1 = 1 or 9
- Description, logic updated to require Schema Discriminator 1 must not be blank for Schema ID 00821

**LDH Upper Limits of Normal, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 07/17/2018 21:46:29

*Edit Tag* N2702

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LDH Upper Limits of Normal code or blank:

001-999: 001-999 upper limit of normal

(Exact upper limit of normal)

XX8: Not applicable: Information not collected for this case

XX9: Not documented in medical record

**LDH Upper Limits of Normal, Schema ID, Required, CoC Flag (MCR/SEER)**

LDH Upper Limit of Normal not assessed or unknown if assessed

3. Numeric value must be right-justified and zero-filled.

Another edit, LDH Upper Limits of Normal, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**LDH Upper Limits of Normal, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 22:25:18

Edit Tag MA3929

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

LDH Upper Limits of Normal is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that LDH Upper Limits of Normal is not "XX8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00470: Melanoma of Skin

**LN Assessment Method Femoral-Inguinal, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**LN Assessment Method Femoral-Inguinal, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2636

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Assessment Method Femoral-Inguinal code or blank:
  - 0: Radiography, imaging  
(Ultrasound (US), computed tomography scan (CT), magnetic resonance imaging (MRI), positron emission tomography scan (PET))  
Physical exam only
  - 1: Incisional biopsy; fine needle aspiration (FNA)
  - 2: Lymphadenectomy  
Excisional biopsy or resection with microscopic confirmation
  - 7: Regional lymph node(s) assessed, unknown assessment method
  - 8: Not applicable: Information not collected for this case
  - 9: Not documented in medical record  
Regional lymph nodes not assessed or unknown if assessed

Another edit, LN Assessment Method Femoral-Inguinal, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

LN Assessment Method Femoral-Inguinal, Schema ID, Required, CoC Flag (MCR/SEER)

## LN Assessment Method Femoral-Inguinal, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/10/2019 22:22:17

*Edit Tag* MA3930

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

- The edit is skipped for any of the following conditions:
  - Diagnosis date before 2019, blank (unknown), or invalid
  - Schema ID is blank
  - CoC Accredited Flag not = 1

LN Assessment Method Femoral-Inguinal is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

- This edit verifies that LN Assessment Method Femoral-Inguinal is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00500: Vulva  
00510: Vagina  
00520: Cervix

### *Administrative Notes*

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## LN Assessment Method Para-Aortic, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

**LN Assessment Method Para-Aortic, Schema ID, Required, CoC Flag (MCR/SEER)****Edit Tag N2634****Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Assessment Method Para-Aortic code or blank:

- 0: Radiography, imaging  
(Ultrasound (US), computed tomography scan (CT), magnetic resonance imaging (MRI), positron emission tomography scan (PET))  
Physical exam only
- 1: Incisional biopsy; fine needle aspiration (FNA)
- 2: Lymphadenectomy  
Excisional biopsy or resection with microscopic confirmation
- 7: Regional lymph node(s) assessed, unknown assessment method
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record  
Regional lymph nodes not assessed or unknown if assessed

Another edit, LN Assessment Method Para-Aortic, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

## LN Assessment Method Para-Aortic, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/10/2019 22:18:38

**Edit Tag MA3931**

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

1. The edit is skipped for any of the following conditions:

EditWriter 5

**LN Assessment Method Pelvic, Date DX (NAACCR)**

- a. Diagnosis date before 2019, blank (unknown), or invalid
- b. Schema ID is blank
- b. CoC Accredited Flag not = 1

LN Assessment Method Para-Aortic is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that LN Assessment Method Para-Aortic is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00500: Vulva  
00510: Vagina  
00520: Cervix

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**LN Assessment Method Pelvic, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2635

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Assessment Method Pelvic code or blank:

0: Radiography, imaging  
(Ultrasound (US), computed tomography scan (CT), magnetic resonance  
imaging (MRI), positron emission tomography scan (PET))

**LN Assessment Method Pelvic, Schema ID, Required, CoC Flag (MCR/SEER)**

Physical exam only

1: Incisional biopsy; fine needle aspiration (FNA)

2: Lymphadenectomy

Excisional biopsy or resection with microscopic confirmation

7: Regional lymph node(s) assessed, unknown assessment method

8: Not applicable: Information not collected for this case

9: Not documented in medical record

Regional lymph nodes not assessed or unknown if assessed

Another edit, LN Assessment Method Pelvic, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**LN Assessment Method Pelvic, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 22:12:49

*Edit Tag* MA3932***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

LN Assessment Method Pelvic is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that LN Assessment Method Pelvic is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00500: Vulva

00510: Vagina

00520: Cervix

**LN Assessment Methods, Gynecologic, Regional Nodes Examined, CoC Flag (SEER)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**LN Assessment Methods, Gynecologic, Regional Nodes Examined, CoC Flag (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

*Edit Tag* N6098

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the LN Assessment Method SSDIs are coded consistently with Regional Nodes Examined.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
  - b. Schema ID is not 00500, 00510, or 00520.
  - c. LN Assessment Method SSDIs are all blank or not applicable.
  - d. Regional Nodes Examined is blank.
  - e. CoC Accredited Flag is not 1
2. If LN Assessment Method Femoral-Inguinal = 0 (clinical exam only) and LN Assessment Method Para-Aortic = 0 (clinical exam only) and LN Assessment Method Pelvic = 0 (clinical exam only), then Regional Nodes Examined must = 00 (no nodes examined).
3. If LN Assessment Method Femoral-Inguinal = 1 (incisional biopsy, FNA) or LN Assessment Method Para-Aortic = 1 (incisional biopsy, FNA) or LN Assessment Method Pelvic = 1 (incisional biopsy, FNA) and LN Assessment Method Femoral-Inguinal not = 2 (lymphadenectomy), 7 (unknown), 8 (NA), or 9 (unknown if assessed) and LN Assessment Method Para-Aortic not = 2 (lymphadenectomy), 7 (unknown), 8 (NA), or 9 (unknown if assessed) and LN Assessment Method Pelvic not = 2 (lymphadenectomy), 7 (unknown), 8 (NA), or 9 (unknown if assessed) then Regional Nodes Examined must = 95 (aspiration or core biopsy).



**LN Distant Assessment Method, Date DX (NAACCR)**

4. If LN Assessment Method Femoral-Inguinal = 2 (lymphadenectomy) or  
LN Assessment Method Para-Aortic = 2 (lymphadenectomy) or  
LN Assessment Method Pelvic = 2 (lymphadenectomy),  
then Regional Nodes Examined must = 01-90 (number of nodes removed),  
96-98 (nodes removed but number unknown).
5. If LN Assessment Method Femoral-Inguinal = 9 (unknown if assessed) and  
LN Assessment Method Para-Aortic = 9 (unknown if assessed) and  
LN Assessment Method Pelvic = 9 (unknown if assessed)  
then Regional Nodes Examined must = 99 (unknown if nodes examined).

***Administrative Notes***

New edit - NAACCR v18C metafile

**LN Distant Assessment Method, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2638

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Distant Assessment Method code or blank:

- 0: Radiography, imaging  
(Ultrasound (US), computed tomography scan (CT), magnetic resonance  
imaging (MRI), positron emission tomography scan (PET))  
Physical exam only
- 1: Incisional biopsy; fine needle aspiration (FNA)
- 2: Lymphadenectomy  
Excisional biopsy or resection with microscopic confirmation
- 7: Distant lymph node(s) assessed, unknown assessment method
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record  
Distant lymph nodes not assessed or unknown if assessed

Another edit, LN Distant Assessment Method, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**LN Distant Assessment Method, Schema ID, Required, CoC Flag (MCR/SEER)**

### ***Administrative Notes***

New edit - NAACCR v18 metafile

## **LN Distant Assessment Method, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 22:07:35

Edit Tag MA3933

### ***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### ***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

LN Distant Assessment Method is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that LN Distant Assessment Method is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00510: Vagina  
00520: Cervix

### ***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

LN Distant Assessment Method, Surgery Other Site, CoC Flag (SEER)

## LN Distant Assessment Method, Surgery Other Site, CoC Flag (SEER)

Agency: SEER

Last changed: 05/07/2019 21:08:43

*Edit Tag* N6099

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

This edit verifies that LN Distant Assessment Method SSDI is coded consistently with RX Summ--Surg Oth Reg/Dis.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID is not 00510, 00520.
  - LN Distant Assessment Method is blank or 8 (not applicable).
  - RX Summ--Surg Oth Reg/Dis is blank.
  - CoC Accredited Flag is not 1
- If RX Summ--Surg Oth Reg/Dis = 3 (resection of distant lymph nodes)  
LN Distant Assessment Method must = 2 (lymphadenectomy)
- If LN Distant Assessment Method = 2 (lymphadenectomy)  
RX Summ--Surg Oth Reg/Dis must = 3 (resection of distant lymph nodes) or 5 (any combination of codes 2, 3, or 4)

### *Administrative Notes*

New edit - NAACCR v18C metafile

#### Modifications

##### NAACCR v18D

- Error message corrected from "%F1 must be blank for %F2: %V2" to "%F1: %V1 is not valid for %F2: %V2".
- Logic corrected, "if (AT(#S"LN Distant Assessment Method", "2",1) == 0)" changed to "if (AT(#S"LN Distant Assessment Method", "2",1) != 0)".

## LN Distant, Gynecologic, EOD Mets (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

*Edit Tag* N3042

**LN Distant, Gynecologic, Mets at DX-Distant LN, CoC Flag (SEER)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that LN Distant: Mediastinal, Scalene SSDI is coded consistently with EOD Mets for Vagina and Cervix.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID is not 00510, 00520
  - LN Status: Mediastinal, Scalene is blank or 8 (not applicable)
  - EOD Mets is blank
- If LN Distant: Mediastinal Scalene = 1-3 (positive distant nodes)  
EOD Mets must = 10 (distant nodes) or 70 (distant metastases)

***Administrative Notes***

New edit - NAACCR v18C metafile

**LN Distant, Gynecologic, Mets at DX-Distant LN, CoC Flag (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N6100

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that LN Distant: Mediastinal, Scalene SSDI is coded consistently with Mets at DX-Distant LN for Vagina and Cervix.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.

**LN Distant, Gynecologic, Summary Stage 2018, CoC Flag (MCR/SEER)**

- b. Schema ID is not 00510, 00520
  - c. LN Status: Mediastinal, Scalene is blank or 8 (not applicable)
  - d. Mets at D-Distant LN is blank
  - e. CoC Accredited Flag is not 1
2. If LN Distant: Mediastinal, Scalene = 1-3 (positive distant nodes)  
Mets at DX-Distant LN must = 1 (positive distant nodes)

***Administrative Notes***

New edit - NAACCR v18C metafile

**LN Distant, Gynecologic, Summary Stage 2018, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 17:47:26

Edit Tag MA6119

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that LN Distant: Mediastinal, Scalene SSDI is coded consistently with Summary Stage 2018 for Vagina and Cervix.

1. The edit is skipped for the following conditions:
- a. Date of Diagnosis before 2018, blank (unknown), or invalid.
  - b. Schema ID is not 00510, 00520
  - c. LN Status: Mediastinal, Scalene is blank or 8 (not applicable)
  - d. Summary Stage 2018 is blank
  - e. CoC Flag is not 1
2. If LN Distant: Mediastinal Scalene = 1-3 (positive distant nodes)  
Summary Stage 2018 must = 7

**LN Distant: Mediastinal, Scalene, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019.

**LN Distant: Mediastinal, Scalene, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2637

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid LN Distant: Mediastinal, Scalene code or blank:

- 0: Negative mediastinal and scalene lymph nodes
  - 1: Positive mediastinal lymph nodes
  - 2: Positive scalene lymph nodes
  - 3: Positive mediastinal and scalene lymph nodes
  - 8: Not applicable: Information not collected for this case
  - 9: Not documented in medical record
- Mediastinal and scalene lymph nodes not assessed or unknown if assessed

Another edit, LN Distant: Mediastinal, Scalene, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**LN Distant: Mediastinal, Scalene, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 17:42:53

**LN Head and Neck Levels I-III, Date DX (NAACCR)****Edit Tag** MA3934**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

LN Distant: Mediastinal, Scalene is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that LN Distant: Mediastinal, Scalene is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00510: Vagina  
00520: Cervix

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**LN Head and Neck Levels I-III, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

**Edit Tag** N2725**Edit Sets**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
|---------------|--------------|-------------|

**LN Head and Neck Levels I-III, Schema ID, Required (MCR/NAACCR)**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid LN Head and Neck Levels I-III code or blank:

- 0: No involvement in Levels I, II, or III lymph nodes
- 1: Level I lymph node(s) involved
- 2: Level II lymph node(s) involved
- 3: Level III lymph Node(s) involved
- 4: Levels I and II lymph nodes involved
- 5: Levels I and III lymph Nodes involved
- 6: Level II and III lymph Nodes involved
- 7: Levels I, II, and III lymph Nodes involved
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
  - Positive node(s), but level of positive node(s) unknown
  - LN Head and Neck levels I-III not assessed or unknown if assessed

Another edit, LN Head and Neck Levels I-III, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

## LN Head and Neck Levels I-III, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/10/2019 17:39:00

Edit Tag MA2897

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |



**LN Head and Neck Levels IV-V, Date DX (NAACCR)****Description**

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
1. This edit verifies that LN Head and Neck Levels I-III is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00060: Cervical LN and Unknown Primary

00140: Mucosal Melanoma Head and Neck

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**LN Head and Neck Levels IV-V, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2726

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Head and Neck Levels IV-V code or blank:
  - 0: No involvement in Levels IV or V lymph nodes
  - 1: Level IV lymph node(s) involved
  - 2: Level V lymph node(s) involved
  - 3: Levels IV and V lymph nodes involved

**LN Head and Neck Levels IV-V, Schema ID, Required (MCR/NAACCR)**

8: Not applicable: Information not collected for this case

9: Not documented in medical record

Positive node(s), but level of positive node(s) unknown

LN Head and Neck Levels IV-V not assessed or unknown if assessed

Another edit, LN Head and Neck Levels IV-V, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

## **LN Head and Neck Levels IV-V, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 17:36:24

Edit Tag MA2898

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that LN Head and Neck Levels IV-V is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00060: Cervical LN and Unknown Primary

00140: Mucosal Melanoma Head and Neck

**LN Head and Neck Levels VI-VII, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**LN Head and Neck Levels VI-VII, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2727

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid LN Head and Neck Levels VI-VII code or blank:

- 0: No involvement in Levels VI or VII lymph nodes
- 1: Level VI lymph node(s) involved
- 2: Level VII lymph node(s) involved
- 3: Levels VI and VII lymph nodes involved
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
  - Positive node(s), but level of positive node(s) unknown
  - LN Head and Neck Levels VI-VII not assessed or unknown if assessed

Another edit, LN Head and Neck Levels VI-VII, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

LN Head and Neck Levels VI-VII, Schema ID, Required (MCR/NAACCR)

## LN Head and Neck Levels VI-VII, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/10/2019 17:32:42

*Edit Tag* MA2899

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that LN Head and Neck Levels VI-VII is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00060: Cervical LN and Unknown Primary  
00140: Mucosal Melanoma Head and Neck

### *Administrative Notes*

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## LN Head and Neck Other, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2728

**LN Head and Neck Other, Schema ID, Required (MCR/NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid LN Head and Neck Other code or blank:

- 0: No involvement in other head and neck lymph node regions
- 1: Buccinator (facial) lymph node(s) involved
- 2: Parapharyngeal lymph node(s) involved
- 3: Periparotid and intraparotid lymph node(s) involved
- 4: Preauricular lymph node(s) involved
- 5: Retropharyngeal lymph node(s) involved
- 6: Suboccipital/retroauricular lymph node(s) involved
- 7: Any combination of codes 1-6
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
  - Positive node(s), but level of positive node(s) unknown
  - LN Head and Neck Other not assessed or unknown if assessed

Another edit, LN Head and Neck Other, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

## **LN Head and Neck Other, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 17:27:54

Edit Tag MA2900

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**LN Head and Neck, EOD Regional Nodes (SEER)****Description**

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
1. This edit verifies that LN Head and Neck Other is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00060: Cervical LN and Unknown Primary  
 00140: Mucosal Melanoma Head and Neck

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**LN Head and Neck, EOD Regional Nodes (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N3046

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit verifies that the LN Head and Neck SSDIs are coded consistently with EOD-Regional Nodes for head and neck sites.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
  - b. Schema ID is not 00060, 00140
  - c. LN Head and Neck Levels I-III, LN Head and Neck levels IV-V, LN Head and Neck Levels VI-VII, and LN Head and Neck Other are all blank or not applicable.
  - d. EOD Regional Nodes is blank

**LN Head and Neck, Summary Stage 2018 (MCR/NAACCR)**

2. If LN Head and Neck Levels I-III = 1-7 (lymph nodes involved) or  
 LN Head and Neck Levels IV-V = 1-3 (lymph nodes involved) or  
 LN Head and Neck Levels VI-VII = 1-3 (lymph nodes involved) or  
 LN Head and Neck Other = 1-7 (lymph nodes involved)  
 EOD Regional Nodes must not = 000 (no nodes involved) or 999 (unknown if nodes involved)
3. If LN Head and Neck Levels I-III = 0 (no lymph nodes involved) and  
 LN Head and Neck Levels IV-V = 0 (no lymph nodes involved) and  
 LN Head and Neck Levels VI-VII = 0 (no lymph nodes involved) and  
 LN Head and Neck Other = 0 (no lymph nodes involved)  
 EOD Regional Nodes must = 000 (no nodes involved)
3. If LN Head and Neck Levels I-III = 9 (unknown if lymph nodes involved) and  
 LN Head and Neck Levels IV-V = 9 (unknown if lymph nodes involved) and  
 LN Head and Neck Levels VI-VII = 9 (unknown if lymph nodes involved) and  
 LN Head and Neck Other = 9 (unknown if lymph nodes involved)  
 EOD Regional Nodes must = 999 (unknown if nodes involved)

***Administrative Notes***

New edit - NAACCR v18C metafile

**LN Head and Neck, Summary Stage 2018 (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 17:22:00

Edit Tag MA5053

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the LN Head and Neck SSDIs are coded consistently with Summary Stage 2018 for head and neck schemas 'C760' and Melanoma Head and Neck.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
  - b. Schema ID is not 00060, 00140
  - c. LN Head and Neck Levels I-III, LN Head and Neck levels IV-V, LN Head and Neck Levels VI-VII, and LN Head and Neck Other are all blank or not applicable.
  - d. Summary Stage 2018 is blank

**LN Isolated Tumor Cells (ITC), Date DX (NAACCR)**

2. If LN Head and Neck Levels I-III = 1-7 (lymph nodes involved) or  
 LN Head and Neck Levels IV-V = 1-3 (lymph nodes involved) or  
 LN Head and Neck Levels VI-VII = 1-3 (lymph nodes involved) or  
 LN Head and Neck Other = 1-7 (lymph nodes involved)  
 Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, regional by extension only)
3. If LN Head and Neck Levels I-III = 0 or 9 (no lymph nodes involved or unknown if involved) and  
 LN Head and Neck Levels IV-V = 0 or 9 (no lymph nodes involved or unknown if involved) and  
 LN Head and Neck Levels VI-VII = 0 or 9 (no lymph nodes involved or unknown if nodes involved) and  
 LN Head and Neck Other = 0 or 9 (no lymph nodes involved or unknown if involved)  
 Summary Stage 2018 must not = 3 or 4 (nodes involved)

***Administrative Notes***

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019, and to note that it only applies to two schemas in the Description.

**LN Isolated Tumor Cells (ITC), Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2699

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Isolated Tumor Cells (ITC) code or blank:

0: Regional lymph nodes negative for ITCs  
 1: Regional lymph nodes positive for ITCs



**LN Isolated Tumor Cells (ITC), Merkel Cell, EOD Regional Nodes (SEER)**

(Tumor cell clusters not greater than 0.2 millimeters (mm))

8: Not applicable: Information not collected for this case

9: Not documented in medical record

LN Isolated Tumor Cells (ITC) not assessed or unknown if assessed

Another edit, LN Isolated Tumor Cells (ITC), Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**LN Isolated Tumor Cells (ITC), Merkel Cell, EOD Regional Nodes (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

*Edit Tag* N3047

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that LN Isolated Tumor Cells (ITC) SSDI is coded consistently with EOD-Regional Nodes for Merkel Cell Carcinoma.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID is not 00460
  - LN Isolated Tumor Cells (ITC) is blank or 8 (not applicable).
  - EOD Regional Nodes is blank
- If LN Isolated Tumor Cells (ITC) = 1 (lymph nodes positive for ITCs)  
EOD Regional Nodes must not = 000 (no nodes involved), 600 or 700 (in-transit metastasis without nodal involvement), or 999 (unknown if nodes involved)

**LN Isolated Tumor Cells (ITC), Merkel Cell, Reg Nodes Pos/Ex (NAACCR)*****Administrative Notes***

New edit - NAACCR v18C metafile

**LN Isolated Tumor Cells (ITC), Merkel Cell, Reg Nodes Pos/Ex (NAACCR)**

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

*Edit Tag* N6088***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that LN Isolated Tumor Cells (ITC) SSDI is coded consistently with Regional Nodes Positive and Regional Nodes Examined for Merkel Cell Carcinoma.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
  - b. Schema ID is not 00460
  - c. LN Isolated Tumor Cells (ITC) is blank or 8 (not applicable).
  - d. Regional Nodes Positive and Regional Nodes Examined are both blank
2. If LN Isolated Tumor Cells (ITC) = 1 (lymph nodes positive for ITCs)  
Regional Nodes Positive must not = 00 (no nodes involved), 98 (no nodes examined), or 99 (unknown if nodes involved)
3. If LN Isolated Tumor Cells (ITC) = 0 (lymph nodes negative for ITCs) or 1 (Lymph Nodes Positive for ITCs),  
Regional Nodes Examined must not = 00 (no nodes examined) or 99 (unknown if nodes examined)

***Administrative Notes***

New edit - NAACCR v18C metafile

LN Isolated Tumor Cells (ITC), Merkel Cell, Summary Stage 2018 (MCR/NAACCR)

## LN Isolated Tumor Cells (ITC), Merkel Cell, Summary Stage 2018 (MCR/NAACCR)

Agency: NONE

Last changed: 04/10/2019 17:05:15

*Edit Tag* MA5054

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

This edit verifies that LN Isolated Tumor Cells (ITC) SSDI is coded consistently with Summary Stage 2018 for Merkel Cell Carcinoma.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2018, blank (unknown), or invalid.
  - Schema ID is not 00460
  - LN Isolated Tumor Cells (ITC) is blank or 8 (not applicable).
  - Summary Stage 2018 is blank
- If LN Isolated Tumor Cells (ITC) = 1 (lymph nodes positive for ITCs) Summary Stage 2018 must not = 0, 1, or 2 ((in situ, local, or regional by direct extension only)

### *Administrative Notes*

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019.

## LN Isolated Tumor Cells (ITC), Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/10/2019 17:01:47

*Edit Tag* MA2901

**LN Laterality, Date DX (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that LN Isolated Tumor Cells (ITC) is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00460: Merkel Cell Skin

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**LN Laterality, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2632

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

- This data item must be blank for pre-2018 diagnoses.
- Must be a valid LN Laterality code or blank:

**LN Laterality, Schema ID, Required (MCR/NAACCR)**

- 0: No regional lymph node involvement
- 1: Unilateral - all positive regional nodes with same laterality,  
OR only one regional node positive
- 2: Bilateral - positive bilateral regional lymph nodes
- 3: Laterality unknown - positive regional lymph nodes with unknown laterality
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record  
LN Laterality not assessed or unknown if assessed

Another edit, LN Laterality, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edits - NAACCR v18 metafile

**LN Laterality, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 16:58:39

*Edit Tag* MA2902

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that LN Laterality is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00500: Vulva

**LN Laterality, Vulva, EOD Regional Nodes (SEER)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**LN Laterality, Vulva, EOD Regional Nodes (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

*Edit Tag* N3048

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that LN Laterality SSDI is coded consistently with EOD Regional Nodes for Vulva.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
  - b. Schema ID is not 00500
  - c. LN Laterality is blank or 8 (not applicable)
  - d. EOD Regional Nodes is blank
2. If LN Laterality = 1-3 (lymph nodes positive)  
EOD Regional Nodes must not = 000 (no nodes involved) or 999 (unknown if nodes involved)

***Administrative Notes***

New edit - NAACCR v18C metafile

**LN Laterality, Vulva, Summary Stage 2018 (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 16:52:54

*Edit Tag* MA5056

**LN Positive Axillary Level I-II, Breast, EOD Regional Nodes (SEER)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks that the SSDI LN Laterality is coded consistently with Summary Stage 2018 for the Vulva schema.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
  - b. Schema ID is not 00500
  - c. LN Laterality is blank or 8 (not applicable)
  - d. Summary Stage 2018 is blank
2. If LN Laterality = 1-3 (lymph nodes positive)  
Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, or regional by direct extension only)

***Administrative Notes***

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019, and to add a few words to the Description.

**LN Positive Axillary Level I-II, Breast, EOD Regional Nodes (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N3049

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that LN Positive Axillary Level I-II SSDI is coded

**LN Positive Axillary Level I-II, Breast, Reg Nodes Pos/Ex (NAACCR)**

consistently with EOD-Regional Nodes for Breast.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
  - b. Schema ID is not 00480
  - c. LN Positive Axillary Level I-II is blank or X8 (not applicable).
  - d. EOD Regional Nodes is blank
2. If LN Positive Axillary Level I-II = 01-99, X1, X5, or X6 (lymph nodes positive)  
EOD Regional Nodes must not = 000 (no nodes involved) or 999 (unknown if nodes involved)

**Administrative Notes**

New edit - NAACCR v18C metafile

**LN Positive Axillary Level I-II, Breast, Reg Nodes Pos/Ex (NAACCR)**

Agency: NAACCR

Last changed: 08/24/2019 11:15:44

Edit Tag N6089

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit verifies that LN Positive Axillary Level I-II SSDI is coded consistently with Regional Nodes Positive and Regional Nodes Examined for Breast.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
  - b. Schema ID is not 00480
  - c. LN Positive Axillary Level I-II is blank or X8 (not applicable).
  - d. Regional Nodes Positive and Regional Nodes Examined are both blank
2. If LN Positive Axillary Level I-II = 01-99, X1, X5, or X6 (lymph nodes positive)  
Regional Nodes Positive must not = 00 (no nodes involved), 98 (no nodes examined) or 99 (unknown if nodes involved) and Regional Nodes Examined must not = 00 (no nodes examined)
3. If Regional Nodes Positive = 95,  
LN Positive Axillary Level I-II must = 00 (axillary nodes negative),  
X6 (Positive aspiration of lymph node(s), or X9 (axillary nodes not assessed)



**LN Positive Axillary Level I-II, Breast, Summary Stage 2018 (MCR/NAACCR)*****Administrative Notes***

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D

- Description, logic corrected, codes for Axillary Nodes Not Assessed changed from 99 to X9

**LN Positive Axillary Level I-II, Breast, Summary Stage 2018 (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 16:41:08

Edit Tag MA5055

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that LN Positive Axillary Level I-II SSDI is coded consistently with Summary Stage 2018 for Breast.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
  - b. Schema ID is not 00480
  - c. LN Positive Axillary Level I-II is blank or X8 (not applicable).
  - d. Summary Stage 2018 is blank
2. If LN Positive Axillary Level I-II = 01-99, X1, X5, or X6 (lymph nodes positive)  
Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, or regional by direct extension only)

***Administrative Notes***

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019.

EditWriter 5

577

10/17/2019 02:45 PM

**LN Positive Axillary Level I-II, Date DX (NAACCR)****LN Positive Axillary Level I-II, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag N2673****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid LN Positive Axillary Level I-II code or blank:

00: All ipsilateral axillary nodes examined negative

01-99: 1-99 nodes positive

(Exact number of nodes positive)

X1: 100 or more nodes positive

X5: Positive nodes, number unspecified

X6: Positive aspiration of lymph node(s)

X8: Not applicable: Information not collected for this case

X9: Not documented in medical record

LN Positive Axillary Level I-II not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, LN Positive Axillary Level I-II, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for EOD Derived Stage Group.

***Administrative Notes***

New edit - NAACCR v18 metafile

**LN Positive Axillary Level I-II, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 16:37:06

*Edit Tag MA2903*

**LN Size, Date DX (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that LN Positive Axillary Level I-II is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

This data item is required for EOD Derived Stage Group.

Required for Schema ID:

00480: Breast

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**LN Size, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 07/14/2018 11:44:02

*Edit Tag* N2648

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**LN Size, Head/Neck, EOD Regional Nodes (SEER)****Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses

2. Must be a valid LN Size code or blank:

0.0: No involved regional nodes  
 0.1-99.9: 0.1-99.9 millimeters (mm)  
     (Exact size of lymph node to nearest tenth of a mm)  
 XX.1: 100 millimeters (mm) or greater  
 XX.2: Microscopic focus or foci only and no size of focus given  
 XX.3: Described as "less than 1 centimeter (cm)"  
 XX.4: Described as "at least" 2cm  
 XX.5: Described as "at least" 3cm  
 XX.6: Described as "at least" 4cm  
 XX.7: Described as greater than 5cm  
 XX.8: Not applicable: Information not collected for this case  
 XX.9: Not documented in medical record  
     Regional lymph node(s) involved, size not stated  
     LN Size not assessed or unknown if assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, LN Size, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for EOD Derived Stage Group for certain Schema IDs.

**Administrative Notes**

New edit - NAACCR v18 metafile

**LN Size, Head/Neck, EOD Regional Nodes (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N3050

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit verifies that LN Size SSDI is coded consistently with EOD-Regional Nodes, Regional Nodes Positive, and Regional Nodes Examined for head and neck sites.

1. The edit is skipped for the following conditions:

**LN Size, Head/Neck, Summary Stage 2018 (MCR/NAACCR)**

- a. Date of Diagnosis before 2019, blank (unknown), or invalid.
- b. Schema ID is not in the following list:

00060  
00071  
00072  
00073  
00074  
00075  
00076  
00077  
00080  
00090  
00100  
00111  
00112  
00121  
00122  
00130  
00131  
00132  
00133  
00140  
00150

- c. LN Size is blank or XX.8 (not applicable).
- d. EOD Regional Nodes is blank

- 2. If LN Size not = 0.0 (no nodes involved) or XX.9 (unknown if nodes involved)  
(lymph nodes are positive)  
EOD Regional Nodes must not = 000 (no nodes involved) or 999 (unknown  
if nodes involved)

***Administrative Notes***

New edit - NAACCR v18C metafile

**LN Size, Head/Neck, Summary Stage 2018 (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 16:31:41

*Edit Tag* MA5057

**LN Size, Head/Neck, Summary Stage 2018 (MCR/NAACCR)*****Edit Sets***

| <b>Edit Set Name</b>   | <b>Edit Set Tag</b> | <b>Agency Code</b> |
|------------------------|---------------------|--------------------|
| <b>HospitalScan18D</b> | MA0356              | NONE               |
| <b>OfficeScan18D</b>   | MA0358              | NONE               |

***Description***

This edit verifies that LN Size SSDI is coded consistently with Summary Stage 2018 for head and neck schemas.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
  - b. Schema ID is not in the following list:

00060  
 00071  
 00072  
 00073  
 00074  
 00075  
 00076  
 00077  
 00080  
 00090  
 00100  
 00111  
 00112  
 00121  
 00122  
 00130  
 00131  
 00132  
 00133  
 00140  
 00150

- c. LN Size is blank or XX.8 (not applicable).
  - d. Summary Stage 2018 is blank

2. If LN Size not = 0.0 (no nodes involved) or XX.9 (unknown if nodes involved) (lymph nodes are positive)  
 Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, or regional by direct extension only)

LN Size, Schema ID, Required (MCR/NAACCR)

**Administrative Notes**

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019, and to reference SS2018 instead of node fields in the Description.

**LN Size, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 16:23:18

*Edit Tag* MA3085**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that LN Size is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

This data item is required for EOD Derived Stage for Schema ID 00100.

Required for Schema ID:

```

00060:  Cervical Lymph Nodes and Unknown Primary
00071:  Lip
00072:  Tongue Anterior
00073:  Gum
00074:  Floor of Mouth
00075:  Palate Hard
00076:  Buccal Mucosa
00077:  Mouth Other
00080:  Major Salivary Glands
00090:  Nasopharynx
00100:  Oropharynx HPV-Mediated (p16+)
00111:  Oropharynx (p16-)
00112:  Hypopharynx
00121:  Maxillary Sinus
00122:  Nasal Cavity and Ethmoid Sinus
00130:  Larynx Other
00131:  Larynx Supraglottic
00132:  Larynx Glottic
00133:  Larynx Subglottic
00140:  Melanoma Head and Neck
00150:  Cutaneous Carcinoma Head and Neck

```

**LN Status Femoral Para-Aortic Pelvic, Gynecologic, EOD Regional Nodes (MCR/SEER)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**LN Status Femoral Para-Aortic Pelvic, Gynecologic, EOD Regional Nodes (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 16:17:41

Edit Tag MA3051

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that LN Status Femoral-Inguinal, Para-Aortic, Pelvic SSDI is coded consistently with EOD Regional Nodes for Vulva and Vagina.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
  - b. Schema ID is not 00500, 00510
  - c. LN Status Femoral-Inguinal, Para-Aortic, Pelvic is blank or 8 (not applicable)
  - d. EOD Regional Nodes is blank
2. If LN Status Femoral-Inguinal, Para-Aortic, Pelvic = 1-7 (lymph nodes positive)  
EOD Regional Nodes must not = 000 (no nodes involved) or 999 (unknown if nodes involved)



**LN Status Femoral Para-Aortic Pelvic, Gynecologic, Summary Stage 2018 (MCR/NAACCR)**

### ***Administrative Notes***

New edit - NAACCR v18C metafile

MCR modification is just to reference the EOD field rather than SS2018 in the Description, and to change the order of fields for the error message.

## **LN Status Femoral Para-Aortic Pelvic, Gynecologic, Summary Stage 2018 (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 16:12:17

Edit Tag MA5058

### ***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### ***Description***

This edit verifies that LN Status Femoral-Inguinal, Para-Aortic, Pelvic SSDI is coded consistently with Summary Stage 2018 for Vulva and Vagina.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
  - b. Schema ID is not 00500, 00510
  - c. LN Status Femoral-Inguinal, Para-Aortic, Pelvic is blank or 8 (not applicable)
  - d. Summary Stage 2018 is blank
2. If LN Status Femoral-Inguinal, Para-Aortic, Pelvic = 1-7 (lymph nodes positive)  
Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, or regional by direct extension only)

### ***Administrative Notes***

New edit - NAACCR v18C metafile

18C: MCR modification is to skip pre-2018 instead of pre-2019.

LN Status Femoral-Inguinal, Para-Aortic, Pelvic, Date DX (NAACCR)

## LN Status Femoral-Inguinal, Para-Aortic, Pelvic, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2633

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid LN Status Femoral-Inguinal, Para-Aortic, Pelvic code or blank:

- 0: Negative femoral-inguinal, para-aortic, and pelvic lymph nodes
- 1: Positive femoral-inguinal lymph nodes
- 2: Positive para-aortic lymph nodes
- 3: Positive pelvic lymph nodes
- 4: Positive femoral-inguinal and para-aortic lymph nodes
- 5: Positive femoral-inguinal and pelvic lymph nodes
- 6: Positive para-aortic and pelvic lymph nodes
- 7: Positive para-aortic, pelvic, and femoral-inguinal lymph nodes
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record  
Femoral-inguinal, para-aortic, and pelvic lymph nodes not assessed or unknown if assessed

Another edit, LN Status Femoral-Inguinal, Para-Aortic, Pelvic, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

### *Administrative Notes*

New edit - NAACCR v18 metafile

## LN Status Femoral-Inguinal, Para-Aortic, Pelvic, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/10/2019 16:05:47

*Edit Tag* MA2867

**Lymphocytosis, Date DX (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that LN Status Femoral-Inguinal, Para-Aortic, Pelvic is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00500: Vulva  
00510: Vagina  
00520: Cervix

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Lymphocytosis, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:15:07

*Edit Tag* N2743

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

**Lymphocytosis, Schema ID, Required (MCR/NAACCR)**

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Lymphocytosis code or blank:
  - 0: Lymphocytosis not present  
Absolute lymphocyte count <= 5,000 cells/microliter
  - 1: Lymphocytosis present  
Absolute lymphocyte count > 5,000 cells/microliter
  - 6: Lab value unknown, physician states lymphocytosis is present
  - 7: Test done, results not in chart
  - 9: Not documented in medical record  
Lymphocytosis not assessed or unknown if assessed

Another edit, Lymphocytosis, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Lymphocytosis, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 16:02:07

Edit Tag MA2904

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Lymphocytosis is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

**Lymphovascular Invasion (CS)**

00795: Lymphoma (CLL/SLL)

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Lymphovascular Invasion (CS)**

Agency: CS

Last changed: 08/28/2018 21:48:32

*Edit Tag* N1014***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if diagnosis date &gt; 2017, blank (unknown), or invalid.

Must be a valid Lymphovascular Invasion code or blank: 0 (lymphovascular invasion not present/not identified), 1 (lymphovascular invasion present/identified), 8 (not applicable), 9 (unknown if lymphovascular invasion present), or blank.

***Administrative Notes***

New edit - added to NAACCR v12 metafile.

Modifications

NAACCR v18

- Edit skipped if diagnosis date &gt; 2017

NAACCR v18A

- Item name Lymph-vascular Invasion changed to Lymphovascular Invasion in edit name, description, logic, change made in v18,

**Lymphovascular Invasion (SEER)**

documented in v18A

**Lymphovascular Invasion (SEER)**

Agency: SEER

Last changed: 08/20/2018 10:29:18

*Edit Tag* N4909***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid Lymphovascular Invasion code or blank:

0: Lymphovascular Invasion stated as Not Present  
1: Lymphovascular Invasion present/identified  
2: Lymphatic and small vessel invasion only (L)  
3: Venous (large vessel) invasion only (V)  
4: BOTH lymphatic and small vessel AND venous (large vessel) invasion  
8: Not applicable  
9: Unknown  
Indeterminate  
Not mentioned in pathology report

***Administrative Notes***

New edit - NAACCR v18 metafile.

-

**Lymphovascular Invasion, Date of Dx (MCR/SEER)**

Agency: NONE

Last changed: 04/19/2019 11:23:35

*Edit Tag* MA2367***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if date of diagnosis is &lt;2019, blank (unknown), or invalid.

**Lymphovascular Invasion, Histology, Behav (CS)**

- [1. If year of Date of Diagnosis is 2010-2017:  
If CS Schema is Penis or Testis then LVI must be 0, 1, 9.  
For all other CS schemas, LVI must be 0, 1, 8, 9 or blank.]
2. If year of Date of Diagnosis is 2019+:  
If Schema ID is Penis (00570) or Testis (00590) then LVI must be 0, 1, 2, 3, 4, 9.  
For all other Schema IDs, LVI must be 0, 1, 2, 3, 4, 8, 9.  
LVI can't be blank for any schema 2019+, but it may be coded 8 (not applicable) for any schema except Penis and Testis.

**Administrative Notes**

New Edit for V16.  
SEER IF557

**Modifications****NAACCR v18**

- Edit restricted to 2010-2017 cases. Check for valid codes prior to 2018 and not blank for penis and testis.

**NAACCR v18A**

- Item name Lymph-vascular Invasion changed to Lymphovascular Invasion in edit name, description, logic, change made in v18, documented in v18A

18C: MCR modification is to skip for pre-2019 instead of pre-2010. The 2010-2017 logic is not executed. The logic in step 2 is executed 2019+ instead of 2018+. A sentence was added to the end of the Description. Sorry this is awkward but I couldn't figure out how to remove step 1 entirely from the logic and get it to work.

**Lymphovascular Invasion, Histology, Behav (CS)**

Agency: CS

Last changed: 08/28/2018 21:50:19

Edit Tag N1958

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if either Lymphovascular Invasion or Histologic Type ICD-O-3 is blank.

This edit is skipped if diagnosis date > 2017.

**Lymphovascular Invasion, Histology, Behav (CS)**

If Histologic Type ICD-O-3 = 9590-9992 (lymphoma and hematopoietic), then  
Lymphovascular Invasion  
must = 8 (not applicable).

If Behavior Code ICD-O-3 = 0, 1, or 2, then Lymphovascular Invasion must not = 1  
(lymphovascular  
invasion present/identified).

***Administrative Notes***

New edit - added to NAACCR v12C metafile.

This edit differs from the COC edit of the same name in that it allows a Lymph-vascular Invasion of 8 (not applicable) for cases that are not lymphoma and hematopoietic (Histologic Type ICD-O-3 = 9590-9992)

In the SEER\*Edits software, the title of this edit is: IF318

**Modifications****NAACCR v13A**

Added SEER IF number (IF318)

**NAACCR v14**

- Information was added to the Administrative Notes explaining how this version of the edit differs from the COC edit of the same name.

**Modifications****NAACCR v14A**

- Edit name changed from 'Lymph-vascular Invasion, Histology ICDO3 (CS)' to 'Lymph-vascular Invasion, Histology, Behav (CS)'  
- Added logic: If Behavior Code ICD-O-3 = 0, 1, or 2, then Lymph-vascular Invasion must not = 1 (lymph-vascular invasion present/identified).

**NAACCR v18**

- Edit skipped if diagnosis date > 2017

**NAACCR v18A**

- Item name Lymph-vascular Invasion changed to Lymphovascular Invasion in edit name, description, logic, change made in v18, documented in v18A



**Lymphovascular Invasion, Penis and Testis (CS)****Lymphovascular Invasion, Penis and Testis (CS)**

Agency: CS

Last changed: 08/28/2018 21:50:37

*Edit Tag* N1763***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if:

1. Lymphovascular Invasion is blank
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. Diagnosis date > 2017

If CS schema is Penis or Testis

THEN

Lymphovascular Invasion must not = 8 (not applicable).

***Administrative Notes***

New edit - added to NAACCR v13A

In the SEER\*Edits software, the title of this edit is: IF459

**Modifications**

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

NAACCR v18

- Edit skipped if diagnosis date &gt; 2017

NAACCR v18A

- Item name Lymph-vascular Invasion changed to Lymphovascular Invasion in edit name, description, logic, change made in v18, documented in v18A

**Lymphovascular Invasion, Penis, EOD Primary Tumor (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

*Edit Tag* N3985

**Lymphovascular Invasion, Penis, Summary Stage 2018 (MCR/NAACCR)****Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Purpose: This edit verifies that Lymphovascular Invasion is coded consistently with EOD Primary Tumor for Penis.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
  - b. Schema ID is not 00570
  - c. Lymphovascular Invasion is blank or 8 (not applicable)
  - d. EOD Primary Tumor is blank
2. If Lymphovascular Invasion = 1-4 (invasion present)  
then EOD Primary Tumor must = 200, 400-700 (with lymphovascular invasion or higher)  
or 999 (unknown extension)

**Administrative Notes**

New edit - NAACCR v18C metafile

**Lymphovascular Invasion, Penis, Summary Stage 2018 (MCR/NAACCR)**

Agency: NONE

Last changed: 04/15/2019 20:57:16

Edit Tag MA5059

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Purpose: This edit verifies that Lymphovascular Invasion is coded consistently with Summary Stage 2018 for Penis.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
  - b. Schema ID is not 00570
  - c. Lymphovascular Invasion is blank or 8 (not applicable)

**Lymphovascular Invasion, Schema ID (COC)**

d. Summary Stage 2018 is blank

2. If Lymphovascular Invasion = 1-4 (invasion present)  
then Summary Stage 2018 must not = 0 (in situ)

**Administrative Notes**

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019.

**Lymphovascular Invasion, Schema ID (COC)**

Agency: NAACCR

Last changed: 08/22/2019 13:04:35

Edit Tag N4019

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

- This edit is skipped for any of the following conditions:
  - Diagnosis date is pre-2018, invalid, blank (unknown).
  - Lymphovascular Invasion is blank
  - Schema ID is blank.
- Lymphovascular invasion must be coded 0, 1, 2, 3, 4, or 9 (Lymphovascular Invasion not present, present, or unknown) for the Schema IDs in the following list:

|       |                                |
|-------|--------------------------------|
| 00071 | Lip                            |
| 00072 | Tongue Anterior                |
| 00073 | Gum                            |
| 00074 | Floor of Mouth                 |
| 00075 | Palate Hard                    |
| 00076 | Buccal Mucosa                  |
| 00077 | Mouth Other                    |
| 00080 | Major Salivary Glands          |
| 00100 | Oropharynx (p16+)              |
| 00111 | Oropharynx (p16-)              |
| 00112 | Hypopharynx                    |
| 00121 | Maxillary Sinus                |
| 00122 | Nasal Cavity and Ethmoid Sinus |
| 00130 | Larynx Other                   |
| 00131 | Larynx Supraglottic            |
| 00132 | Larynx Glottic                 |
| 00133 | Larynx Subglottic              |

**Lymphovascular Invasion, Schema ID (COC)**

|       |                                             |   |
|-------|---------------------------------------------|---|
| 00161 | Esophagus (incl GE Junction) Squamous       |   |
| 00169 | Esophagus (incl GE Junction) (excl Squamous | ) |
| 00170 | Stomach                                     |   |
| 00180 | Small Intestine                             |   |
| 00190 | Appendix                                    |   |
| 00200 | Colon and Rectum                            |   |
| 00230 | Bile Ducts Intrahepatic                     |   |
| 00250 | Bile Ducts Perihilar                        |   |
| 00260 | Bile Ducts Distal                           |   |
| 00270 | Ampulla Vater                               |   |
| 00280 | Pancreas                                    |   |
| 00290 | NET Stomach                                 |   |
| 00301 | NET Duodenum                                |   |
| 00302 | NET Ampulla of Vater                        |   |
| 00320 | NET Appendix                                |   |
| 00330 | NET Colon and Rectum                        |   |
| 00340 | NET Pancreas                                |   |
| 00350 | Thymus                                      |   |
| 00360 | Lung                                        |   |
| 00460 | Merkel Cell Skin                            |   |
| 00470 | Melanoma Skin                               |   |
| 00500 | Vulva                                       |   |
| 00510 | Vagina                                      |   |
| 00520 | Cervix                                      |   |
| 00530 | Corpus Carcinoma                            |   |
| 00541 | Corpus Sarcoma                              |   |
| 00542 | Corpus Adenosarcoma                         |   |
| 00560 | Placenta                                    |   |
| 00570 | Penis                                       |   |
| 00590 | Testis                                      |   |
| 00620 | Bladder                                     |   |
| 00730 | Thyroid                                     |   |
| 00740 | Thyroid Medullary                           |   |

3. Lymphovascular invasion must be coded 8 (not applicable) for the following Schema IDs:

|       |                                   |
|-------|-----------------------------------|
| 00710 | Lymphoma Ocular Adnexa            |
| 00790 | Lymphoma                          |
| 00795 | Lymphoma (CLL/SLL)                |
| 00811 | Mycosis Fungoides                 |
| 00812 | Primary Cutaneous Lymphoma non MF |
| 00821 | Plasma Cell Myeloma               |
| 00822 | Plasma Cell Disorder              |
| 00830 | HemeRetic                         |

4. Lymphovascular invasion may be coded any code (0, 1, 2, 3, 4, 8, or 9) for the remaining Schema IDs (shown in the following list):

|       |                                            |
|-------|--------------------------------------------|
| 00060 | Cervical Lymph Nodes, Occult Head and Neck |
| 00090 | Nasopharynx                                |
| 00118 | Pharynx Other                              |
| 00119 | Middle Ear                                 |
| 00128 | Sinus Other                                |
| 00140 | Melanoma Head and Neck                     |
| 00150 | Cutaneous Carcinoma Head and Neck          |
| 00210 | Anus                                       |
| 00220 | Liver                                      |

**Lymphovascular Invasion, Schema ID (COC)**

|       |                                   |
|-------|-----------------------------------|
| 00241 | Gallbladder                       |
| 00242 | Cystic Duct                       |
| 00278 | Biliary Other                     |
| 00288 | Digestive Other                   |
| 00310 | Net Jejunum and Ileum             |
| 00358 | Trachea                           |
| 00370 | Pleural Mesothelioma              |
| 00378 | Respiratory Other                 |
| 00381 | Bone Appendicular Skeleton        |
| 00382 | Bone Spine                        |
| 00383 | Bone Pelvis                       |
| 00400 | Soft Tissue Head and Neck         |
| 00410 | Soft Tissue Trunk and Extremities |
| 00421 | Soft Tissue Abdomen and Thorax    |
| 00422 | Heart, Mediastinum, and Pleura    |
| 00430 | GIST                              |
| 00440 | Retroperitoneum                   |
| 00450 | Soft Tissue Other                 |
| 00458 | Kaposi Sarcoma                    |
| 00478 | Skin Other                        |
| 00480 | Breast (Invasive)                 |
| 00551 | Ovary                             |
| 00552 | Primary Peritoneal Carcinoma      |
| 00553 | Fallopian Tube                    |
| 00558 | Adnexa Uterine Other              |
| 00559 | Genital Female Other              |
| 00580 | Prostate                          |
| 00598 | Genital Male Other                |
| 00600 | Kidney Parenchyma                 |
| 00610 | Kidney Renal Pelvis               |
| 00631 | Urethra                           |
| 00632 | Urethra-Prostatic                 |
| 00638 | Urinary Other                     |
| 00640 | Skin Eyelid                       |
| 00650 | Conjunctiva                       |
| 00660 | Melanoma Conjunctiva              |
| 00671 | Melanoma Iris                     |
| 00672 | Melanoma Choroid and Ciliary Body |
| 00680 | Retinoblastoma                    |
| 00690 | Lacrimal Gland                    |
| 00698 | Lacrimal Sac                      |
| 00700 | Orbital Sarcoma                   |
| 00718 | Eye Other                         |
| 00721 | Brain                             |
| 00722 | CNS Other                         |
| 00723 | Intracranial Gland                |
| 00750 | Parathyroid                       |
| 00760 | Adrenal Gland                     |
| 00770 | NET Adrenal Gland                 |
| 00778 | Endocrine Other                   |
| 99999 | Ill-Defined Other                 |

**Lymphovascular Invasion, Testis, EOD Primary Tumor (SEER)*****Administrative Notes***

New edit - added to NAACCR v18 metafile.

**Modifications****NAACCR v18C**

- Default error message changed
- Logic corrected so any LVI code allowed for Schema ID 00750.
- Description, logic updated to require code 8 for 00710, 00790, 00795, 00811, 00812, 00821, 00822, 00830 only. Other schemas previously requiring code 8 moved into list allowing any LVI code.

**NAACCR v18D**

- Description, logic, changed, Schema IDs 00090, 00310, 00760 added to group where any LVI code allowed

**Lymphovascular Invasion, Testis, EOD Primary Tumor (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

*Edit Tag* N3986

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Purpose: This edit verifies that Lymph-vascular Invasion is coded consistently with EOD Primary Tumor for Testis.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
  - b. Schema ID is not 00590
  - c. Lymphovascular Invasion is blank or 8 (not applicable)
  - d. EOD Primary Tumor is blank
2. If Lymphovascular Invasion = 1-4 (invasion present)  
then EOD Primary Tumor must = 300-700 (with lymphovascular invasion or higher)  
or 999 (unknown extension)

***Administrative Notes***

New edit - NAACCR v18C metafile

Lymphovascular Invasion, Testis, Summary Stage 2018 (MCR/NAACCR)

## Lymphovascular Invasion, Testis, Summary Stage 2018 (MCR/NAACCR)

Agency: NONE

Last changed: 04/15/2019 21:00:02

Edit Tag MA5060

### Edit Sets

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### Description

Purpose: This edit verifies that Lymphovascular Invasion is coded consistently with Summary Stage 2018 for Testis.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
  - b. Schema ID is not 00590
  - c. Lymphovascular Invasion is blank or 8 (not applicable)
  - d. Summary Stage 2018 is blank
2. If Lymphovascular Invasion = 1-4 (invasion present)  
then Summary Stage 2018 must not = 0, 1, or 3 (in situ, local, or regional to nodes only)

### Administrative Notes

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019.

## Major Vein Involvement, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:24:16

Edit Tag N2905

### Edit Sets

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Major Vein Involvement, Kidney, EOD Primary Tumor (SEER)****Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Major Vein Involvement code or blank:

0: Major vein involvement not present/not identified

1: Renal vein or its segmental branches

2: Inferior vena cava (IVC)

3: Major vein invasion, NOS

4: Any combination of codes 1-3

8: Not applicable: Information not collected for this case

9: Not documented in medical record

Major Vein Involvement not assessed or unknown if assessed

No surgical resection of primary site is performed

Another edit, Major Vein Involvement, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

**Major Vein Involvement, Kidney, EOD Primary Tumor (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N3052

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Purpose: This edit verifies that Major Vein Involvement SSDI is coded consistently with EOD Primary Tumor.

1. This edit is skipped if any of the following conditions is true:

a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid

b. Schema ID is not 00600

c. Major Vein Involvement is blank or 8 (not applicable)



**Major Vein Involvement, Kidney, Summary Stage 2018 (MCR/NAACCR)**

d. EOD Primary Tumor is blank

2. If Major Vein Involvement = 1 (Involvement of renal vein only), 3 (Major vein invasion NOS), or 4 (Any combination of codes 1-3)  
then EOD Primary Tumor must = 200-700 (involvement of major blood vessels or higher) or 999 (unknown extension)
3. If Major Vein Involvement = 2 (Involvement of Inferior vena cava (Involvement of IVC)  
then EOD Primary Tumor must = 300-700 (Tumor extends into vena cava below diaphragm or higher) or 999 (unknown extension)

**Administrative Notes**

New edit - NAACCR v18C metafile

## Major Vein Involvement, Kidney, Summary Stage 2018 (MCR/NAACCR)

Agency: NONE

Last changed: 04/10/2019 14:44:33

Edit Tag MA6061

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Purpose: This edit verifies that Major Vein Involvement SSDI is coded consistently with Summary Stage 2018 for Kidney Parenchyma.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
  - b. Schema ID is not 00600
  - c. Major Vein Involvement is blank or 8 (not applicable)
  - d. Summary Stage 2018 is blank
2. If Major Vein Involvement = 1 (Involvement of renal vein only), 2 (involvement of Inferior vena cava), 3 (Major vein invasion NOS), or 4 (Any combination of codes 1-3)  
then Summary Stage 2018 must not = 0, 1, or 3 (in situ, local, or regional by nodal involvement only)

**Major Vein Involvement, Kidney, Surgery (NAACCR)*****Administrative Notes***

New edit - NAACCR v18C metafile

MCR modification is to skip for pre-2018 instead of pre-2019 diagnoses.

**Major Vein Involvement, Kidney, Surgery (NAACCR)**

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

*Edit Tag* N6083***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Purpose: This edit verifies that Major Vein Involvement SSDI is coded consistently with RX Summ--Surg Prim Site for Kidney Parenchyma.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
  - b. Schema ID is not 00600
  - c. Major Vein Involvement is blank or 8 (not applicable)
    - d. RX Summ--Surg Prim Site is blank
2. If RX Summ-Surg Prim Site = 00 (no surgery), 10-15 (tumor destruction without pathology specimen), or 20-27 (local excision)  
Major Vein Involvement must = 9 (no surgical resection of primary site)

***Administrative Notes***

New edit - NAACCR v18C metafile

**Major Vein Involvement, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 14:38:56

*Edit Tag* MA2906***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Marital Status at DX (SEER MARITAL)****Description**

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Major Vein Involvement is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00600: Kidney Parenchyma

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Marital Status at DX (SEER MARITAL)**

Agency: SEER

Last changed: 11/09/2010

Edit Tag N0219

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Must be a valid Marital Status at DX code (1-6,9) or blank.

Codes

- 1 Single (never married)
- 2 Married (including common law)
- 3 Separated
- 4 Divorced
- 5 Widowed
- 6 Unmarried or Domestic Partner (same sex or opposite sex, registered or unregistered)

**Marital Status at DX, Age at Diagnosis (SEER IF14)**

9 Unknown

***Administrative Notes***

Modifications:

NAACCR v11.3

01/08

- Edit was updated to allow blank.

NAACCR v12.1

- Code "6" added to the list of allowable codes.

**Marital Status at DX, Age at Diagnosis (SEER IF14)**

Agency: SEER

Last changed: 12/28/2009

*Edit Tag* N0220***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If Registry ID = 0000001542 (Kentucky) AND [year of Date of Diagnosis < 2000 or blank] AND Marital Status at DX is blank, no further editing is performed.

If Age at Diagnosis < 15, Marital Status at DX must = 1 (single, never married).

Additional Information:

This edit assumes that persons diagnosed with cancer at ages less than 15 are single (never married). Even if a marital status is not specified in the medical record, do not code marital status unknown if the patient is under 15 years of age at diagnosis. Check that the marital status is coded correctly and that the age, date of birth and date of diagnosis are correct. These two dates are not actually used in the edit; however, they may have been used to calculate the age at diagnosis, which is used in this edit.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF14

Modifications:

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

- Edit modified to skip cases from Kentucky diagnosed before 2000 where Marital Status at DX is blank.

**MCR-CIMS (NOT REPORTABLE CASE)**

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**MCR-CIMS (NOT REPORTABLE CASE)**

Agency: NONE

Last changed: 12/24/2018 11:40:52

*Edit Tag* MA2519***Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

***Description***

With diagnoses as of 1/1/1998, MCR is no longer accepting cases with  
 site: C510-C519,C529 and histology: 8077, behavior:2, DateDx:(1998-2003)  
 site: C530-C539, behavior:2, DateDx > 1997  
 site: C211, behavior:2, histology:8077, DateDx < 2004  
 site: C751-C753, behavior:(0,1), DateDx < 2004

**Measured Basal Diameter, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 07/14/2018 11:44:18

*Edit Tag* N2662***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Measured Basal Diameter code or blank:

0.0: No mass/tumor found  
 0.1-99.9: 0.1-99.9 millimeters (mm)  
     Exact measurement to nearest tenth of mm)  
 XX.0: 100 millimeters (mm) or larger  
 XX.1: Described as "less than 3 mm"  
 XX.2: Described as "at least" 3 mm  
 XX.3: Described as "at least" 6 mm  
 XX.4: Described as "at least" 9 mm  
 XX.5: Described as "at least" 12 mm  
 XX.6: Described as "at least" 15 mm  
 XX.7: Described as "at least" 18 mm  
 XX.8: Not applicable: Information not collected for this case  
 XX.9: Not documented in medical record  
     Cannot be determined by the pathologist

**Measured Basal Diameter, Schema ID, Required (MCR/NAACCR)**

Measured Basal Diameter not assessed or unknown if assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, Measured Basal Diameter, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for EOD Derived Stage Group.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Measured Basal Diameter, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 14:36:15

*Edit Tag* MA2958

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Measured Basal Diameter is not "XX.8" ( not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

This data item is required for EOD Derived Stage Group.

Required for Schema ID:

00671: Melanoma Uvea (Iris)

00672: Melanoma Uvea (Choroid and Ciliary Body)

**Measured Thickness, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Measured Thickness, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 07/14/2018 11:44:41

*Edit Tag* N2663

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Measured Thickness code or blank:

0.0: No mass/tumor found  
0.1-99.9: 0.1-99.9 millimeters (mm)  
(Exact measurement to nearest tenth of mm)  
XX.0: 100 millimeters (mm) or larger  
XX.1: Described as "less than 3 mm"  
XX.2: Described as "at least" 3 mm  
XX.3: Described as "at least" 6 mm  
XX.4: Described as "at least" 9 mm  
XX.5: Described as "at least" 12 mm  
XX.6: Described as "greater than" 15 mm  
XX.8: Not applicable: Information not collected for this case  
XX.9: Not documented in medical record  
Cannot be determined  
Measured Thickness not assessed or unknown if assessed;

3. Code must be right-justified and contain one place after decimal point.

Another edit, Measured Thickness, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

Measured Thickness, Schema ID, Required (MCR/NAACCR)

## Measured Thickness, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/10/2019 14:32:56

*Edit Tag* MA2959

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Measured Thickness is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

This data item is required for EOD Derived Stage Group for Schema IDs 00671 and 00672.

Required for Schema ID:

00660: Conjunctival Melanoma

00671: Melanoma Uvea (Iris)

00672: Melanoma Uvea (Choroid and Ciliary Body)

### *Administrative Notes*

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## Medicare Beneficiary Identifier (NAACCR)

Agency: NAACCR

Last changed: 10/22/2017 12:41:05

*Edit Tag* N2854



**Methylation of O6-Methylguanine-Methyltransferase, Date DX (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid Medicare Beneficiary Identifier, consisting of 11 alphanumeric characters or blank. This data item is allowed to be blank because it was not collected before 2018, and it is only collected for patients receiving Medicare benefits.

***Administrative Notes***

New edit - NAACCR v18 metafile

## **Methylation of O6-Methylguanine-Methyltransferase, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 12/01/2018 14:29:35

*Edit Tag* N2621

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Methylation of O6-Methylguanine-Methyltransferase code or blank:
  - 0: MGMT methylation absent/not present, unmethylated MGMT
  - 1: MGMT methylation present, low level  
Hypomethylated  
Partial methylated
  - 2: MGMT methylation present, high level  
Hypermethylated
  - 3: MGMT methylation present, level unspecified
  - 6: Benign or borderline tumor
  - 7: Test done, result not in chart
  - 8: Not applicable: Information not collected for this case
  - 9: Not documented in medical record  
Cannot be determined by the pathologist  
Methylation of O6-Methylguanine-Methyltransferase not assessed or unknown if assessed

**Methylation of O6-Methylguanine-Methyltransferase, Schema ID, Required (MCR/NAACCR)**

Another edit, Methylation of O6-Methylguanine-Methyltransferase, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v18C

- Redundant word (NAACCR) in reference to another edit removed from Description

**Methylation of O6-Methylguanine-Methyltransferase,  
Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 14:28:03

Edit Tag MA2940

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Methylation of O6-Methylguanine-Methyltransferase is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00721: Brain  
00722: CNS Other

**Mets at DX-BBDLLO, Schema ID (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Mets at DX-BBDLLO, Schema ID (NAACCR)**

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

*Edit Tag* N5017

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The purpose of this edit is to verify that the Mets at DX-Bone, Brain, Distant LN, Liver, Lung, and Other fields are coded to 8 (not applicable) for the appropriate Schema IDs.

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Schema ID is blank
4. Primary Site is blank
4. Mets at DX fields are all blank

If Schema ID is 00821 (Plasma Cell Myeloma), 00822 (Plasma Cell Disorders), 00830 (HemeRetic), or any Schema ID with Primary Site code = C420, C421, C423, or C424, an error will be generated under any of the following conditions:

1. If Mets at DX-Bone not = 8
2. If Mets at DX-Brain not = 8
3. If Mets at DX-Distant LN not = 8
4. If Mets at DX-Liver not = 8
5. If Mets at DX-Lung not = 8
6. If Mets at DX-Other not = 8

If Schema ID is not 00821, 00822, 00830 and Primary Site is not C420, C421, C423, or C424, an error will be generated under any of the following conditions:

1. If Mets at DX-Bone = 8
2. If Mets at DX-Brain = 8
3. If Mets at DX-Distant LN = 8
4. If Mets at DX-Liver = 8
5. If Mets at DX-Lung = 8

**Mets at DX-Bone (SEER)**

6. If Mets at DX-Other = 8

***Administrative Notes***

New edit - added to NAACCR v18C metafile.

**Mets at DX-Bone (SEER)**

Agency: SEER

Last changed: 12/31/2017 16:06:32

Edit Tag N2126

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid Mets at DX-Bone code or blank: 0 (none: no bone metastases), 1 (yes), 8 (not applicable), 9 (unknown whether bone is involved metastatic site) or blank.

***Administrative Notes***

New Edit for NAACCR v16

Modifications

NAACCR v18

- Logic format changed

**Mets at DX-Bone, Date of Diagnosis (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 14:22:06

Edit Tag MA2051

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If year of Date of Diagnosis is blank, this edit is skipped.

**Mets at DX-Bone, EOD Mets (MCR/SEER)**

If year of Date of Diagnosis is greater than 2018, then Mets at DX-Bone cannot be blank.

If year of Date of Diagnosis is less than 2016, then Mets at Dx-Bone must be blank.

***Administrative Notes***

Added to the v16 metafile  
SEER IF539

**Modifications**

NAACCR v18  
- Name changed, (SEER) added

18C: MCR modification is to require the field 2019+ instead of 2016+. The blank requirement is unchanged.

**Mets at DX-Bone, EOD Mets (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 14:19:59

*Edit Tag* MA3023

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Purpose: This edit verifies that Mets at DX-Bone and EOD Mets are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
2. EOD Mets is blank
3. EOD Mets is coded 88.
4. Mets at DX-Bone is blank

If Mets at DX-Bone = 1 (yes), then EOD Mets must not = 00 (no metastasis or unknown if metastasis).

***Administrative Notes***

New edit - NAACCR v18 metafile.

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## Mets at DX-Brain (SEER)

**Mets at DX-Brain (SEER)**

Agency: SEER

Last changed: 04/14/2018 10:13:50

*Edit Tag* N2128***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid Mets at DX-Brain code or blank: 0 (none: no brain metastases), 1 (yes), 8 (not applicable), 9 (unknown whether brain is involved metastatic site) or blank.

***Administrative Notes***

New Edit for NAACCR v16

Modifications

NAACCR v18

- Logic format changed
- "bone" in description changed to "brain"

**Mets at DX-Brain, Date of Diagnosis (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 14:16:10

*Edit Tag* MA2129***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2018, then Mets at DX-Brain cannot be blank.

If year of Date of Diagnosis is less than 2016, then Mets at Dx-Brain must be blank.

**Mets at DX-Brain, EOD Mets (MCR/SEER)*****Administrative Notes***

Added to the v16 metafile  
SEER IF540

**Modifications**

NAACCR v18  
- Name changed, extra space removed

18C: MCR modification is to require the field 2019+ instead of 2016+. The blank requirement is unchanged.

**Mets at DX-Brain, EOD Mets (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 14:12:36

*Edit Tag* MA3024

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Purpose: This edit verifies that Mets at DX-Brain and EOD Mets are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
2. EOD Mets is blank
3. EOD Mets is coded 88.
4. Mets at DX-Brain is blank

If Mets at DX-Brain = 1 (yes), then EOD Mets must not = 00 (no metastasis or unknown if metastasis).

***Administrative Notes***

New edit - NAACCR v18 metafile.

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Mets at DX-Distant LN (SEER)**

Agency: SEER

Last changed: 04/14/2018 10:17:17

*Edit Tag* N2130

**Mets at DX-Distant LN, Date of Diagnosis (MCR/SEER)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid Mets at Dx-Distant LN code or blank: 0 (none: no distant lymph node(s) metastases), 1 (yes), 8 (not applicable), 9 (unknown whether distant lymph node(s) is/are involved metastatic site(s)) or blank.

***Administrative Notes***

New Edit for NAACCR v16

**Modifications**

NAACCR v18

- Logic format changed
- "bone" in description changed to "distant lymph node(s)"

**Mets at DX-Distant LN, Date of Diagnosis (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 14:09:53

Edit Tag MA2131

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2018, then Mets at DX-Distant LN cannot be blank.

If year of Date of Diagnosis is less than 2016, then Mets at Dx-Distant LN must be blank.

***Administrative Notes***

Added to the v16 metafile  
(SEER IF541)

**Modifications**

NAACCR v18

EditWriter 5



**Mets at DX-Distant LN, EOD Mets (MCR/SEER)**

- Name changed, extra space removed

18C: MCR modification is to require the field 2019+ instead of 2016+. The blank requirement is unchanged.

## Mets at DX-Distant LN, EOD Mets (MCR/SEER)

Agency: NONE

Last changed: 04/10/2019 14:07:48

*Edit Tag* MA3025

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

Purpose: This edit verifies that Mets at DX-Distant LN and EOD Mets are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
2. EOD Mets is blank
3. EOD Mets is coded 88.
4. Mets at DX-Distant LN is blank

If Mets at DX-Distant LN = 1 (yes), then EOD Mets must not = 00 (no metastasis or unknown if metastasis).

### *Administrative Notes*

New edit - NAACCR v18 metafile.

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## Mets at DX-Liver (SEER)

Agency: SEER

Last changed: 04/14/2018 10:18:39

*Edit Tag* N2132

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Mets at DX-Liver, Date of Diagnosis (MCR/SEER)****Description**

Must be a valid Mets at DX-Liver code or blank: 0 (none: no liver metastases), 1 (yes), 8 (not applicable), 9 (unknown whether liver is an involved metastatic site) or blank.

**Administrative Notes**

New Edit for NAACCR v16

**Modifications**

NAACCR v18

- Logic format changed

- "bone" in description changed to "liver"

**Mets at DX-Liver, Date of Diagnosis (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 14:03:55

Edit Tag MA2133

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2018, then Mets at DX-Liver cannot be blank.

If year of Date of Diagnosis is less than 2016, then Mets at Dx-Liver must be blank.

**Administrative Notes**

Added to the v16 metafile  
(SEER IF542)

**Modifications**

NAACCR v18

- Name changed, extra space removed

18C: The MCR modification is to require the field 2019+ instead of 2016+. The blank requirement is unchanged.

**Mets at DX-Liver, EOD Mets (MCR/SEER)****Mets at DX-Liver, EOD Mets (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 14:01:30

*Edit Tag* MA3026***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Purpose: This edit verifies that Mets at DX-Liver and EOD Mets are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
2. EOD Mets is blank
3. EOD Mets is coded 88.
4. Mets at DX-Liver is blank

If Mets at DX-Liver = 1 (yes), then EOD Mets must not = 00 (no metastasis or unknown if metastasis).

***Administrative Notes***

New edit - NAACCR v18 metafile.

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Mets at DX-Lung (SEER)**

Agency: SEER

Last changed: 04/14/2018 10:19:56

*Edit Tag* N2134***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid Mets at DX-Lung code or blank: 0 (none: no lung metastases), 1 (yes), 8 (not applicable), 9 (unknown whether lung is an involved metastatic site) or blank.

**Mets at DX-Lung, Date of Diagnosis (MCR/SEER)*****Administrative Notes***

New Edit for NAACCR v16

**Modifications**

NAACCR v18

- Logic format changed
- "bone" in description changed to "lung"

**Mets at DX-Lung, Date of Diagnosis (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 13:58:41

*Edit Tag* MA2135

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2018, then Mets at DX-Lung cannot be blank.

If year of Date of Diagnosis is less, than 2016, then Mets at Dx-Lung must be blank.

***Administrative Notes***

Added to the v16 metafile  
(SEER IF543)

**Modifications**

NAACCR v18

- Name changed, extra space removed

18C: MCR modification is to require the field 2019+ instead of 2016+. Blank requirement is unchanged.

**Mets at DX-Lung, EOD Mets (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 13:55:55

*Edit Tag* MA3027

**Mets at DX-Other (SEER)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Purpose: This edit verifies that Mets at DX-Lung and EOD Mets are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
2. EOD Mets is blank
3. EOD Mets is coded 88.
4. Mets at DX-Lung is blank

If Mets at DX-Lung = 1 (yes), then EOD Mets must not = 00 (no metastasis or unknown if metastasis).

***Administrative Notes***

New edit - NAACCR v18 metafile.

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Mets at DX-Other (SEER)**

Agency: SEER

Last changed: 08/20/2018 15:03:28

Edit Tag N2136

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid Mets at DX-Other code or blank:

- 0 (none: no other metastases),
- 1 (yes, distant metastases in known site(s) other than bone, brain, liver, lung or distant lymph nodes, including bone marrow involvement for lymphomas),
- 2 (generalized metastases such as carcinomatosis)
- 8 (not applicable),
- 9 (unknown whether any other metastatic site or generalized metastases) or blank.

**Mets at DX-Other, Date of Diagnosis (MCR/SEER)*****Administrative Notes***

New Edit for NAACCR v16

**Modifications**

NAACCR v18

- Logic format changed
- "bone" in description changed to "other" ; definitions in description for code 1 and code 9 updated

**Mets at DX-Other, Date of Diagnosis (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 13:51:44

*Edit Tag* MA2137

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2018, then Mets at DX-Other cannot be blank.

If year of Date of Diagnosis is less than 2016, then Mets at Dx - Other must be blank.

***Administrative Notes***

Added to the v16 metafile  
(SEER IF544)

**Modifications**

NAACCR v18

- Name changed, extra space removed

18C: MCR modification is to require the field 2019+ instead of 2016+. Blank requirement is unchanged.

**Mets at DX-Other, EOD Mets (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 13:45:20

*Edit Tag* MA3028

**Microsatellite Instability (MSI), Date DX (NAACCR)****Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Purpose: This edit verifies that Mets at DX-Other and EOD Mets are coded consistently.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
2. EOD Mets is blank
3. EOD Mets is coded 88.
4. Mets at DX-Other is blank

If Mets at DX-Other = 1 (yes), 2 (carcinomatosis) then EOD Mets must not = 00 (no metastasis or unknown if metastasis).

**Administrative Notes**

New edit - NAACCR v18 metafile.

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Microsatellite Instability (MSI), Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2694

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Microsatellite Instability (MSI) code or blank:

0: Microsatellite instability (MSI) stable; microsatellite stable (MSS);  
negative, NOS  
AND/OR  
Mismatch repair (MMR) intact, no loss of nuclear expression of MMR

**Microsatellite Instability (MSI), Schema ID, Required (NAACCR)**

- proteins
- 1: MSI unstable low (MSI-L)
  - 2: MSI unstable high (MSI-H)
- AND/OR
- MMR-D (loss of nuclear expression of one or more MMR proteins, MMR protein deficient)
- 8: Not applicable: Information not collected for this case
  - 9: Not documented in medical record
- MSI indeterminate
- Microsatellite Instability (MSI) not assessed or unknown if assessed

Another edit, Microsatellite Instability (MSI), Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

## Microsatellite Instability (MSI), Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 07/28/2018 11:06:43

*Edit Tag* N2990

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Microsatellite Instability (MSI) is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00200: Colon and Rectum



**Microvascular Density, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**Microvascular Density, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2668

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Microvascular Density code or blank:

00: No vessels involved  
01-99: 01-99 vessels per 0.3 square millimeter (mm2)  
X1: Greater than or equal to 100 vessels per 0.3 square millimeter (mm2)  
X2: Lowest quartile for laboratory  
X3: Second quartile for laboratory  
X4: Third quartile for laboratory  
X5: Highest quartile for laboratory  
X7: Test ordered, results not available  
X8: Not applicable: Information not collected for this case  
X9: Not documented in medical record  
Microvascular Density not assessed or unknown if assessed

3. Numeric value must be right-justified and zero-filled.

Another edit, Measured Thickness, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

Microvascular Density, Schema ID, Required, CoC Flag (MCR/SEER)

## Microvascular Density, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/10/2019 13:40:33

*Edit Tag* MA3935

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

- The edit is skipped for any of the following conditions:
  - Diagnosis date before 2019, blank (unknown), or invalid
  - Schema ID is blank
  - CoC Accredited Flag not = 1

Microvascular Density is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

- This edit verifies that Microvascular Density is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00671: Melanoma Uvea (Iris)

00672: Melanoma Uvea (Choroid and Ciliary Body)

### *Administrative Notes*

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## Mitotic Count Uveal Melanoma, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/14/2018 11:45:00

*Edit Tag* N2664

**Mitotic Count Uveal Melanoma, Schema ID, Required, CoC Flag (MCR/SEER)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid Mitotic Count Uveal Melanoma code or blank:

0.0: 0 mitoses per 40 high power fields (HPF)  
 Mitoses absent, no mitoses present, no mitotic activity  
 0.1-99.9: 0.1-99.9 mitoses per 40 HPF  
 XX.1: 100 or more mitoses per 40 HPF  
 XX.2: Stated as low mitotic count or rate with no specific number  
 XX.3: Stated as high mitotic count or rate with no specific number  
 XX.4: Mitotic count described with denominator other than 40 HPF  
 XX.7: Test done, results not in chart  
 XX.8: Not applicable: Information not collected for this case  
 XX.9: Not documented in medical record  
 Mitotic Count Uveal Melanoma not assessed or unknown if assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, Mitotic Count Uveal Melanoma, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

## Mitotic Count Uveal Melanoma, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/10/2019 13:37:24

Edit Tag MA3936

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid

**Mitotic Rate Melanoma, Date DX (NAACCR)**

- b. Schema ID is blank
- c. CoC Accredited Flag not = 1

Mitotic Count Uveal Melanoma is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Mitotic Count Uveal Melanoma is not "XX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

- 00671: Melanoma Uvea (Iris)
- 00672: Melanoma Uvea (Choroid and Ciliary Body)

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Mitotic Rate Melanoma, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2657

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Mitotic Rate Melanoma code or blank:

- 00: 0 mitoses per square millimeter (mm)
- Mitoses absent
- No mitoses present
- 01-99: 01-99 mitoses/square mm

**Mitotic Rate Melanoma, Schema ID, Required (MCR/NAACCR)**

(Exact measurement in mitoses/square mm)

- X1: 100 mitoses/square mm or more
  - X2: Stated as "less than 1 mitosis/square mm"  
Stated as "nonmitogenic"
  - X3: Stated as "at least 1 mitosis/square mm"  
Stated as "mitogenic"
  - X4: Mitotic rate described with denominator other than square millimeter
  - X7: Test done, results not in chart
  - X8: Not applicable: Information not collected for this case
  - X9: Not documented in medical record
- Mitotic Rate Melanoma not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, Mitotic Rate Melanoma, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

## Mitotic Rate Melanoma, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/10/2019 13:34:43

Edit Tag MA2907

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Mitotic Rate Melanoma is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00470: Melanoma Skin

**Morphology--Type/Behavior ICDO2 (SEER MORPH)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Morphology--Type/Behavior ICDO2 (SEER MORPH)**

Agency: SEER

Last changed: 02/07/2018 22:11:11

*Edit Tag* N0218

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is greater than 2000 or blank
2. Histology (92-00) ICD-O-2 is empty.

The morphology field is defined by the International Classification of Diseases for Oncology, Second Edition (ICD-O-2) and consists of the following subfields:

Histology (92-00) ICD-O-2 - 4 digits  
Behavior (92-00) ICD-O-2 - 1 digit  
Grade - 1 digit

I. Single Subfield Checks

Only those histology and grade codes defined by ICD-O-2 are valid.

- A. Histology--must contain a number between 8000-9999. However, not all numbers in this range are valid, so a further check is performed. Codes are validated at two levels. Histology codes listed with behavior codes of 2 or 3 in ICD-O-2 are considered valid whenever they appear.

Codes listed in ICD-O-2 with behavior codes of only 0 or 1 are also considered valid (i.e., "reportable"), since use of the behavior matrix of ICD-O-2 allows for the elevation of the behavior of such histologies when the neoplasm is in situ or malignant. However, this edit requires review of these cases to verify that they are indeed in situ or malignant. If the histology and behavior are correct on review, then Over-ride--Histology is to be set to 1 (or 3, if the flag is used for both this edit and SEER IF31). An internal binary table is used

**Morphology--Type/Behavior ICDO2 (SEER MORPH)**

to represent the histologies listed in ICD-O-2 according to their listed behaviors.

B. Grade--valid codes are 1-9.

**II. Multi-Subfield Checks**

The subfields are also checked for consistency among themselves. Each of these checks is defined in detail below.

**A. Histology/Grade:**

The over-ride cannot be used to indicate that these impossible combinations are correct.

1. The following histology/grade combinations are impossible:  
grades 5-8 with histologies not in the range 9590-9941
2. Some terms in ICD-O-2 carry an implied statement of grade. These histologies must be reported with the correct grade as stated below:

|         |                                                |
|---------|------------------------------------------------|
| 8020/34 | Carcinoma, undifferentiated                    |
| 8021/34 | Carcinoma, anaplastic                          |
| 8331/31 | Follicular adenocarcinoma, well differentiated |
| 8851/31 | Liposarcoma, well differentiated               |
| 9062/34 | Seminoma, anaplastic                           |
| 9082/34 | Malignant teratoma, undifferentiated           |
| 9083/32 | Malignant teratoma, intermediate type          |
| 9401/34 | Astrocytoma, anaplastic                        |
| 9451/34 | Oligodendroglioma, anaplastic                  |
| 9511/31 | Retinoblastoma, differentiated                 |
| 9512/34 | Retinoblastoma, undifferentiated               |

3. The following lymphomas must carry either the implied grade or the T-cell, B-cell, null cell, or NK cell designation as grade:

|        |                                                                                       |
|--------|---------------------------------------------------------------------------------------|
| 9693/3 | Malignant lymphoma, lymphocytic, well differentiated, nodular cannot be 2,3,4 or 9    |
| 9696/3 | Malignant lymphoma, lymphocytic, poorly differentiated, nodular cannot be 1,2,4, or 9 |

**B. Histology/Behavior:**

In situ histologies: The following histologies are not accepted with a behavior code `2' in-situ:

|            |
|------------|
| 8000-8004  |
| 8020, 8021 |
| 8331, 8332 |
| 8800-9054  |
| 9062       |
| 9082, 9083 |
| 9110-9491  |
| 9501-9989  |

**Morphology--Type/Behavior ICDO2 (SEER MORPH)****NOTE:**

Over-ride Histology is also used for SEER edit IF31. Code 3 in Over-ride Histology indicates that both SEER's MORPH edit and IF31 are being over-ridden.

**Additional Information:**

This edit checks the validity of the histologic type subfields morphology and grade, and then performs several checks of the subfields morphology, behavior, and grade against each other. The subfield behavior is checked in a separate edit. The specific error message will identify which part of the code is problematic or which subfields are inconsistent.

1. The edit requires review of a case in which the 4-digit morphology code is one that appears in ICD-O-2 only with behavior codes of 0 or 1. Verify the coding of morphology, and that the behavior should be coded malignant or in situ. The registrar may need to consult a pathologist or medical advisor in problem cases. If the case is correctly coded, set the Over-ride--Histology flag to 1 (or 3, if the flag is also being set for the edit Diagnostic Confirmation, Behavior Code (SEER IF31).
2. Histology and grade are compared, and certain errors identified (these cannot be over-ridden). These are specified in detail in the "Description" field of the documentation.

- Grade codes 5-8 are T-cell, B-cell, and NK cell indicators used for leukemias and lymphomas only. Therefore, codes 5-8 may only be used with morphologies in the range 9590-9941.
- Some terms in ICD-O-2 carry an implied grade, and the appropriate grade code(s) must be used. These are specified in detail in the "Description" section of the documentation.

3. Histology and behavior codes are compared, and some combinations of in situ behavior and histology are not allowed. (These histologies are specified in the "Description" section of the documentation.) "In situ" is a concept that only pertains to epithelial neoplasms; therefore, an in situ behavior is not allowed with non-epithelial morphologies, such as sarcomas, leukemias, and lymphomas. In situ behavior is also disallowed for a handful of codes representing epithelial neoplasms which, by their nature, cannot be in situ.

Errors from this edit usually result from misapplication of coding rules. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary. Review the coding of each subfield. Consult a pathologist or medical advisor when necessary.

**EXAMPLE**

|                 |                                |
|-----------------|--------------------------------|
| HISTOLOGIC TYPE | 9650/3, HODGKIN'S DISEASE, NOS |
| BEHAVIOR CODE   | 2, IN SITU                     |
| GRADE           | 9, UNKNOWN                     |

A behavior code of 2, in situ, is not correct for Hodgkin's disease. Change the behavior to 3, malignant.



**Morphology--Type/Behavior ICDO3 (SEER MORPH)*****Administrative Notes***

In the SEER\*Edits software, the title of this edit is: MORPH

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

**Modifications:**

NAACCR v15.0

9/2014

Edit logic rewritten to use DBF table instead of BIN table for lookup.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v15A

- Edit logic rewritten to use HISICDO2.DBF to validate ICD-O-2 histologies (instead of hard-coded list) and MORPH.DBF instead of MORPH.BIN.

**Morphology--Type/Behavior ICDO3 (SEER MORPH)**

Agency: SEER

Last changed: 06/03/2019 19:52:23

*Edit Tag* N0472

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions are true:

1. Histologic Type ICD-O-3 is blank
2. Behavior Code ICD-O-3 is blank
2. Date of Diagnosis is blank

The morphology field is defined by the International Classification of Diseases for Oncology,

Third Edition (ICD-O-3) and consists of the following subfields:

Histologic Type ICD-O-3 - 4 digits

Behavior Code ICD-O-3 - 1 digit

I. Single Subfield Checks

**Morphology--Type/Behavior ICDO3 (SEER MORPH)**

A. Histology (Histologic Type ICD-O-3)-- must contain a valid ICD-O-3 code.

1. To accommodate the new Hematopoietic and Lymphoid Neoplasm Rules effective for cases diagnosed 1/1/2010 and later:

The following Histologic Type ICD-O-3 codes are allowed only for cases with a year of Date of Diagnosis of 2010 and later:

9597, 9688, 9712, 9724, 9725, 9726, 9735, 9737, 9738, \*\*9751, 9759, 9806, 9807, 9808, 9809, 9811, 9812, 9813, 9814, 9815, 9816, 9817, 9818, \*\*9831, 9865, 9869, 9898, 9911, 9965, 9966, 9967, 9971, \*\*9975, 9991, 9992

\*\*considered benign and/or borderline prior to 2010 and, if coded with Behavior ICD-O-3 code of 3, required an over-ride. For cases diagnosed 2010 or later, these histologies are now reportable (with Behavior ICD-O-3 code of 3) and an over-ride should not be used.

2. To accommodate the ICD-O-3 codes effective for cases diagnoses 1/1/2017 and later:

The following Histologic Type ICD-O-3 code with Behavior Code ICD-O-3 is allowed only for cases with a year of Date of Diagnosis of 2017 and later: 8343/2

3. To accommodate the ICD-O-3 codes effective for cases diagnosed 1/1/2018 and later:

The following Histologic Type ICD-O-3 codes are allowed only for cases with a year of Date of Diagnosis of 2018 and later: 8023, 8054, 8085, 8086, 8158, 8163, 8256, 8257, 8265, \*\*8311, 8339, 8474, 8509, 8519, 8552, 8594, 8714, \*\*8825, \*\*8842, 8975, \*\*8983, 9045, 9086, 9137, \*\*9302, \*\*9341, 9385, 9395, 9396, 9425, 9431, 9432, 9445, 9475, 9476, 9477, 9478, 9509, 9542

\*\*considered benign and/or borderline prior to 2018 and, if coded with Behavior ICD-O-3 code of 3, required an over-ride. For cases diagnosed 2018 or later, these histologies are now reportable (with Behavior ICD-O-3 code of 3) and an over-ride should not be used.

**II. Multi-Subfield Checks**

The subfields are also checked for consistency among themselves. Each of these checks is defined in detail below.

Histology code 9421 (juvenile astrocytoma), although moving from behavior code 3 in ICD-O-2 to 1 in ICD-O-3, will CONTINUE to be collected with a behavior of 3 and it cannot be over-ridden. For 2018 and later cases, 9421 for topography code C72.3 (optic glioma) may be collected with a behavior of 1.

Histology codes 8077 and 8519 are not accepted with a behavior code '3' (malignant) and cannot be over-ridden.

The following histology codes are not accepted with behavior code '2' in

**Morphology--Type/Behavior ICDO3 (SEER MORPH)**

situ: 8000-8005, 8020, 8021, 8331, 8332, 8800-9055, 9062, 9082, 9083, 9110-9493, 9501-9992. Upon review, these cases can be over-ridden using Over-ride Histology.

**NOTE:**

Over-ride Histology is also used for SEER edit IF31. Code 3 in Over-ride Histology indicates that both SEER's MORPH edit and IF31 are being over-ridden.

**Additional Information:**

This edit checks the validity of the ICD-O-3 histologic type subfields histology and behavior. The subfield behavior is checked in a separate edit. The specific error message will identify which part of the code is problematic or which subfields are inconsistent.

Histology and behavior codes are compared, and some combinations of in situ behavior and histology are not allowed. (These histologies are specified in the "Description" section of the documentation.) "In situ" is a concept that only pertains to epithelial neoplasms; therefore, an in situ behavior is not allowed with non-epithelial morphologies, such as sarcomas, leukemias, and lymphomas. In situ behavior is also disallowed for a handful of codes representing epithelial neoplasms which, by their nature, cannot be in situ.

Errors from this edit usually result from misapplication of coding rules. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary. Review the coding of each subfield. Consult a pathologist or medical advisor when necessary.

**EXAMPLE**

|                 |                          |
|-----------------|--------------------------|
| HISTOLOGIC TYPE | 9650/3, HODGKIN LYMPHOMA |
| BEHAVIOR CODE   | 2, IN SITU               |

A behavior code of 2, in situ, is not correct for Hodgkin lymphoma. Change the behavior to 3, malignant.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: Morph\_3

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

**Modifications:**

NACR110C  
08/08

**Morphology--Type/Behavior ICDO3 (SEER MORPH)**

Updated edit to require that Histologic Type ICD-O-3 of 9421 (juvenile astrocytoma) be coded with a Behavior ICD-O-3 code of 3 (invasive) per the ICD-O-3 Implementation Guidelines. It cannot be over-ridden.

NACR111

12/14/06

Updated edit to not allow a Behavior ICD-O-3 code of 3 (malignant) with Histologic Type ICD-O-3 of 8077 (squamous intraepithelial neoplasia, grade III). This logic cannot be over-ridden.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0

-- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules. Edit will be skipped if Date of Diagnosis is blank.

- The following Histologic Type ICD-O-3 codes are allowed only for cases with a year of Date of Diagnosis of 2010 and later:

9597, 9688, 9712, 9724, 9725, 9726, 9735, 9737, 9738, 9759, 9806, 9807, 9808, 9809, 9811, 9812, 9813, 9814, 9815, 9816, 9817,

9818, 9865, 9869, 9898, 9911, 9965, 9966, 9967, 9971, 9991, 9992

- The following Histologic Type ICD-O-3 codes were considered benign and/or borderline prior to 2010 and, if coded with Behavior

ICD-O-3 code of 3, required an over-ride. For cases diagnosed 2010 or later, these histologies are now reportable (with Behavior

ICD-O-3 code of 3) and an over-ride should not be used:

9751

9831

9975

- When checking histologies that are not accepted with behavior code `2' (in situ), the range "9501-9989" is now "9501-9992".

NAACCR v12C

- Changed range of histologies allowed for grades 5-8 from "9590-9948" to "9590-9992".

NAACCR v13A

- Grade checking moved from this edit into new edit: "Histologic Type ICD-O-3, Behavior, Grade (SEER)"

- Removed USR2 processing from logic and replaced with "return ERROR\_MSG" processing

NAACCR v15

- Updated edit to allow all benign histologies for C700-C729 and C751-C753. Another edit, "Primary Site,Morphology-Type,Beh

ICDO3(SEER IF25)," verifies that site/histology/behavior combinations are correctly coded for these particular sites.

NAACCR v15A

**Multigene Signature Method, Date DX (NAACCR)**

- Edit logic rewritten to use HISICDO3.DBF to validate ICD-O-3 histologies (instead of hard-coded list) and MORPH01.DBF instead of MORPH01.BIN.

**NAACCR v18**

- Description, edit logic updated to include histology codes effective 1/1/2018  
 - Tables referenced by edit updated with histology codes effective 1/1/2018  
 - Call to table in logic updated to EW5 format

**NAACCR v18A**

- Description, logic modified to remove references to checks on benign morphology codes in ICD-O-3 used with /2 or /3 behavior codes. Behavior is checked in Primary Site, Morphology-Type, Beh ICDO3 (SEER IF25)  
 - Admin notes for V18 added.  
 - Failure on invalid date changed to skip

**NAACCR v18C**

- Description, logic modified to add 8343/2 as valid histology/behavior code for 2017+ diagnoses

**NAACCR v18D**

- Description, logic updated to allow collection of 9421/1 for site code C72.3 (optic glioma) starting with 2018 diagnoses.

## Multigene Signature Method, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag N2675****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Multigene Signature Method code or blank:
  - 1: MammaPrint
  - 2: PAM50 (Prosigna)
  - 3: Breast Cancer Index
  - 4: EndoPredict
  - 5: Test performed, type of test unknown
  - 6: Multiple tests, any tests in codes 1-4
  - 7: Test done, results not in chart
  - 8: Not applicable: Information not collected for this case

**Multigene Signature Method, Schema ID, Required (MCR/NAACCR)**

9: Not documented in medical record

Multigene Signature Method not assessed or unknown if assessed;

Another edit, Multigene Signature Method, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Multigene Signature Method, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 13:33:00

*Edit Tag* MA2908

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Multigene Signature Method is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Multigene Signature Results, Date DX (NAACCR)****Multigene Signature Results, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag N2676****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Multigene Signature Results code or blank:

00-99: 00-99 Actual recurrence score.

Note: Depending on the test, the range of values may be different

X1: Score 100

X2: Low risk

X3: Moderate (intermediate) risk

X4: High risk

X7: Test done, results not in chart

X8: Not applicable: Information not collected for this case

X9: Not documented in medical record

Multigene Signature Results not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, Multigene Signature Results, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Multigene Signature Results, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 13:31:13

*Edit Tag MA2909*

**NAACCR Record Version (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Multigene Signature Results is not "X8" (not applicable) and not blank) for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**NAACCR Record Version (NAACCR)**

Agency: NAACCR

Last changed: 04/25/2018 20:10:11

*Edit Tag* N0033

***Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

***Description***

Must be "180" to indicate the current NAACCR standard for NAACCR Record Version 18.

***Administrative Notes***

Modifications

EditWriter 5

640

10/17/2019 02:45 PM



**Name--Alias (SEER)****NAACCR v12**

4/2009

- Changed the length of the field from 1 to 3 characters so that the full 3-character record version can be specified beginning with

Version 12.

- Changed allowable code from "B", used to indicate version 11, 11.1, 11.2, and 11.3, to "120", to indicate version 12.0.

**NAACCR v12.1**

- Changed allowable code from "120" (version 12.0) to "121" (version 12.1).

**NAACCR v12.2**

- Changed allowable code from "121" (version 12.1) to "122" (version 12.2).

**NAACCR v13**

- Changed allowable code from "122" (version 12.2) to "130" (version 13).

**NAACCR v14**

- Changed allowable code from "130" (version 13) to "140" (version 14).

**NAACCR v15**

- Changed allowable code from "140" (version 14) to "150" (version 15).

**NAACCR v16**

- Changed allowable code from "150" (version 15) to "160" (version 16).

**NAACCR v18**

- Changed allowable code from "160" (version 16) to "180" (version 18).

- Logic format changed

**Name--Alias (SEER)**

Agency: SEER

Last changed: 08/21/2015

*Edit Tag* N0209***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Note: This edit is not supported by the COC as of 1/1/2003; however, SEER has agreed to support this data item and edit.

Name--Alias may be blank. If entered, must be alpha, left-justified, and blank-filled. Mixed case, embedded spaces, hyphens, and apostrophes are also allowed. No other special characters are allowed.

**Name--First (NPCR)*****Administrative Notes***

Modifications:

NAACCR v12C

- Edit updated to use the full length of the field (now 40 characters as of v12) when verifying that only allowable characters are included in the data string.

NAACCR v12.1B

- Edit corrected to properly validate last character of name.

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:  
"a{?}\*" changed to "a{a,b,-,'}\*"
  - Lookup table of valid characters deleted since it is no longer needed

**Name--First (NPCR)**

Agency: NPCR

Last changed: 08/21/2015

*Edit Tag* N1431

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Name--First may not be blank. Must be alpha, left-justified, and blank-filled. Mixed case, embedded spaces, hyphens, and apostrophes are also allowed. No other special characters are allowed.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

This edit differs from the COC edit of the same name in that the field cannot be empty.

Modifications:

NAACCR v12.1A

- Updated to allow hyphens and apostrophes.

NAACCR v12.1B

- Edit corrected to properly validate last character of name.

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

**Name--Last (COC)**

- MATCH statement updated:  
"a{?}\*" changed to "a{a,b,-,'}\*"
- Lookup table of valid characters deleted since it is no longer needed

**Name--Last (COC)**

Agency: COC

Last changed: 08/21/2015

*Edit Tag* N0155***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Name--Last may not be blank. Must be alpha, left-justified, and blank-filled. Mixed case, embedded spaces, hyphens, and apostrophes are also allowed. No other special characters are allowed.

***Administrative Notes***

Note: As of the NAACCR v12.1 metafile, the NAACCR edit of the same name has been deleted. Registries are expected to follow the COC standard.

Modifications:

NAACCR v12C

- Edit updated to use the full length of the field (now 40 characters as of v12) when verifying that only allowable characters are included in the data string.

NAACCR v12.1B

- Edit corrected to properly validate last character of name.

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:  
"a{?}\*" changed to "a{a,b,-,'}\*"
- Lookup table of valid characters deleted since it is no longer needed

**Name--Maiden (SEER)**

Agency: SEER

Last changed: 08/21/2015

*Edit Tag* N0265***Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code         |
|---------------|--------------|---------------------|
| EditWriter 5  | 643          | 10/17/2019 02:45 PM |

**Name--Middle (COC)**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Name--Maiden may be blank. If entered, must be alpha, left-justified, and blank-filled. Mixed case, embedded spaces, hyphens, and apostrophes are also allowed. No other special characters are allowed.

**Administrative Notes**

Note: This edit is not supported by the COC as of 1/1/2003; however, SEER has agreed to support this data item and edit.

Note: As of the NAACCR v12.1 metafile, the NAACCR edit of the same name has been deleted.

Modifications:

NAACCR v12C

- Edit updated to use the full length of the field (now 40 characters as of v12) when verifying that only allowable characters are included in the data string.

NAACCR v12.1B

- Edit corrected to properly validate last character of name.

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:  
"a{?}\*" changed to "a{a,b,-,'}\*"
  - Lookup table of valid characters deleted since it is no longer needed

**Name--Middle (COC)**

Agency: COC

Last changed: 08/21/2015

Edit Tag N0239

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Name--Middle may be blank. If entered, must be alpha, left-justified, and blank-filled. Mixed case, embedded spaces, hyphens, and apostrophes are also allowed. No other special characters are allowed.

**NCCN International Prognostic Index (IPI), Date DX (NAACCR)*****Administrative Notes***

Note: As of the NAACCR v12.1 metafile, the NAACCR edit of the same name has been deleted. Registries are expected to follow the COC standard in that embedded spaces are allowed.

Modifications:

NAACCR v12.1A

- Updated to allow hyphens and apostrophes.

NAACCR v12.1B

- Edit corrected to properly validate last character of name.

NAACCR v15A

This change was made in preparation for the move from EDITS v4 to EDITS v5:

- MATCH statement updated:

"a{?}\*" changed to "a{a,b,-,'}\*"

- Lookup table of valid characters deleted since it is no longer needed

**NCCN International Prognostic Index (IPI), Date DX (NAACCR)**

Agency: NAACCR

Last changed: 08/15/2018 22:32:48

*Edit Tag* N2647

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses
2. Must be a valid NCCN International Prognostic Index (IPI) code or blank:

00-08: 0-8 points

X1: Stated as low risk (0-1 point)

X2: Stated as low intermediate risk (2-3 points)

X3: Stated as intermediate risk (4-5 points)

X4: Stated as high risk (6-8 points)

X8: Not applicable: Information not collected for this case

X9: Not documented in medical record

NCCN International Prognostic Index (IPI) not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, NCCN International Prognostic Index (IPI), Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard

**NCCN International Prognostic Index (IPI), Schema ID, Required (MCR/NAACCR)**  
setter.

### ***Administrative Notes***

New edit - NAACCR v18 metafile

## **NCCN International Prognostic Index (IPI), Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 13:29:15

Edit Tag MA2946

### ***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### ***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that NCCN International Prognostic Index (IPI) is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00790: Lymphoma (excluding CLL/SLL)  
00795: Lymphoma (CLL/SLL)

### ***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## Non-Reportable Skin ICDO2 (SEER IF116)

**Non-Reportable Skin ICDO2 (SEER IF116)**

Agency: SEER

Last changed: 01/21/2010

*Edit Tag* N0735***Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

***Description***

This edit is skipped if Histology (92-00) ICD-O-2 is blank or year of Date of Diagnosis is greater than 2000 or is blank.

If Primary Site = C440-C449 (skin) and Histology (92-00) ICD-O-2 = 8000-8110, then an error is generated.

These cases are non-reportable to SEER.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF116

Modifications:

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.
- This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**Non-Reportable Skin ICDO3 (SEER IF117)**

Agency: SEER

Last changed: 06/27/2008

*Edit Tag* N0736***Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

***Description***

This edit is skipped if Histologic Type ICD-O-3 is blank.

If Primary Site = C440-C449 (skin) and Histologic Type ICD-O-3 = 8000-8110, then an error is generated.

These cases are non-reportable to SEER.

**Number of Cores Examined, Date DX (NAACCR)*****Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF117

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

**Number of Cores Examined, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2712

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Number of Cores Examined code or blank:

01-99: 01-99 cores examined  
(Exact number of cores examined)  
X1: 100 or more cores examined  
X6: Biopsy cores examined, number unknown  
X7: No needle core biopsy performed  
X8: Not applicable: Information not collected for this case  
X9: Not documented in medical record  
Number of Cores Examined not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, Number of Cores Examined, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile



Number of Cores Examined, Schema ID, Required (MCR/NAACCR)

## Number of Cores Examined, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/10/2019 13:26:10

*Edit Tag* MA2910

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Number of Cores Examined is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00580: Prostate

### *Administrative Notes*

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## Number of Cores Positive, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2711

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

**Number of Cores Positive, Schema ID, Required (MCR/NAACCR)**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Number of Cores Positive code or blank:

00: All examined cores negative  
 01-99: 1-99 cores positive  
       (Exact number of cores positive)  
 X1: 100 or more cores positive  
 X6: Biopsy cores positive, number unknown  
 X7: No needle core biopsy performed  
 X8: Not applicable: Information not collected for this case  
 X9: Not documented in medical record  
       Number of Cores Positive not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, Number of Cores Positive, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

## Number of Cores Positive, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/10/2019 13:24:19

Edit Tag MA2911

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

1. The edit is skipped for any of the following conditions:

- Date of Diagnosis pre-2019, blank (unknown), or invalid.
- Schema ID is blank.
- Type of Reporting Source = 7 (Death Certificate Only)

2. This edit verifies that Number of Cores Positive is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

**Number of Cores Positive/Examined, Prostate (NAACCR)**

Required for Schema ID:

00580: Prostate

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Number of Cores Positive/Examined, Prostate (NAACCR)**

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

*Edit Tag N6114****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the Number of Cores Positive and Number of Cores Examined SSDIs are coded consistently with each other.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
  - b. Schema ID is not 00580
  - c. Number of Cores Positive and Number of Cores Examined are both blank or not applicable.
3. If Number of Cores Positive = X7 (no needle core biopsy performed),  
then Number of Cores Examined must = X7 (no needle core biopsy performed).
4. If Number of Cores Examined = X7 (no needle core biopsy performed),  
then Number of Cores Positive must = X7 (no needle core biopsy performed).

**Number of Examined Para-Aortic Nodes, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18C metafile

**Number of Examined Para-Aortic Nodes, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2643***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Number of Examined Para-Aortic Nodes code or blank:

00: No para-aortic nodes examined  
 01-99: 1-99 para-aortic nodes examined  
       (Exact number of para-aortic nodes examined)  
 X1: 100 or more para-aortic nodes examined  
 X2: Para-aortic nodes examined, number unknown  
 X6: No para-aortic lymph nodes removed, but aspiration or core biopsy of  
       para-aortic node(s) only  
 X8: Not applicable: Information not collected for this case  
 X9: Not documented in medical record;  
       Cannot be determined, indeterminate if para-aortic nodes examined  
       Para-Aortic Lymph Nodes not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, Number of Examined Para-Aortic Nodes, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Number of Examined Para-Aortic Nodes, Schema ID, Required, CoC Flag (MA/SEER)**

Agency: NONE

Last changed: 04/10/2019 12:16:10

*Edit Tag* MA3937

**Number of Examined Para-Aortic/Pelvic Nodes, Corpus, Reg Nodes Examined, CoC Flag (SEER)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1.

Number of Examined Para-Aortic Nodes is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Number of Examined Para-Aortic Nodes is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00530: Corpus Carcinoma and Carcinosarcoma  
 00541: Corpus Sarcoma (Sarcoma)  
 00542: Corpus Sarcoma (Adenosarcoma)

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## Number of Examined Para-Aortic/Pelvic Nodes, Corpus, Reg Nodes Examined, CoC Flag (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N6112

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

**Number of Examined Pelvic Nodes, Date DX (NAACCR)**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

**Description**

This edit verifies that Number of Examined Para-Aortic Nodes and Number of Examined Pelvic Nodes SSDIs are coded consistently with Regional Nodes Examined for Corpus Uteri.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID is not 00530, 00541, 00542
  - Number of Examined Para-Aortic Nodes and Number of Examined Pelvic Nodes are both blank or not applicable.
  - Regional Nodes Examined is blank
  - CoC Accredited Flag is not 1
- If Regional Nodes Examined = 00,  
then Number of Examined Para-Aortic Nodes must = 00 or X9 and Number of Examined Pelvic Nodes must = 00 or X9 (no nodes examined or unknown if nodes examined)
- If Regional Nodes Examined = 95 (aspiration or core biopsy of nodes only)  
then Number of Examined Para-Aortic Nodes must = 00, X6 (aspiration or core biopsy only), or X9 and Number of Examined Pelvic Nodes must = 00, X6 (aspiration or core biopsy only), or X9
- If Number of Examined Para-Aortic Nodes = 01-99, X1, X2, X6 or Number of Examined Pelvic Nodes = 01-99, X1, X2, X6 (examined nodes),  
then Regional Nodes Examined must not = 00 (no nodes examined)

**Administrative Notes**

New edit - NAACCR v18C metafile

**Number of Examined Pelvic Nodes, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 08/15/2018 22:39:45

Edit Tag N2642

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

**Number of Examined Pelvic Nodes, Schema ID, Required, CoC Flag (MCR/SEER)**

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Number of Examined Pelvic Nodes code or blank:
  - 00: No pelvic lymph nodes examined
  - 01-99: 1-99 pelvic lymph nodes examined  
(Exact number of pelvic nodes examined)
  - X1: 100 or more pelvic nodes examined
  - X2: Pelvic nodes examined, number unknown
  - X6: No pelvic lymph nodes removed, but aspiration or core biopsy of pelvic node(s) only
  - X8: Not applicable: Information not collected for this case
  - X9: Not documented in medical record  
Cannot be determined, indeterminate if pelvic nodes examined  
Pelvic Lymph Nodes not assessed or unknown if assessed
3. Numeric values must be right-justified and zero-filled.

Another edit, Number of Examined Pelvic Nodes, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

## Number of Examined Pelvic Nodes, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/10/2019 12:10:53

Edit Tag MA3938

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Number of Examined Pelvic Nodes is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Number of Examined Pelvic Nodes is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a

**Number of Phases of Rad Treatment to This Volume (COC)**  
standard setter.

Required for Schema ID:

00530: Corpus Carcinoma and Carcinosarcoma  
00541: Corpus Sarcoma (Sarcoma)  
00542: Corpus Sarcoma (Adenosarcoma)

## ***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## **Number of Phases of Rad Treatment to This Volume (COC)**

Agency: COC

Last changed: 06/02/2018 13:38:23

*Edit Tag* N2559

## ***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

## ***Description***

This data item identifies the total number of phases administered to the patient during the first course of treatment. A "phase" consists of one or more consecutive treatments delivered to the same anatomic volume with no change in the treatment technique. Although the majority of courses of radiation therapy are completed in one or two phases (historically the "regional" and "boost" treatments), there are occasions in which three or more phases are used, most typically with head and neck malignancies.

1. The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.
2. Must be right-justified, zero-filled, no blanks within the code.
3. Must be a valid code for Number of Phases of Rad Treatment to This Volume:  
00-04, 99.

00: No radiation treatment  
01: 1 phase



**Number of Positive Para-Aortic Nodes, Date DX (NAACCR)**

02: 2 phases  
 03: 3 phases  
 04: 4 or more phases  
 99: Unknown number of phases  
 Unknown if radiation therapy administered

***Administrative Notes***

New edit - NAACCR v18 metafile

**Number of Positive Para-Aortic Nodes, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2641

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Number of Positive Para-Aortic Nodes code or blank:

00: All para-aortic lymph nodes examined negative  
 01-99: 1-99 para-aortic lymph nodes positive  
       (Exact number of nodes positive)  
 X1: 100 or more para-aortic nodes positive  
 X2: Positive para-aortic nodes identified, number unknown  
 X6: Positive aspiration or core biopsy of para-aortic lymph node(s)  
 X8: Not applicable: Information not collected for this case  
 X9: Not documented in medical record  
       Cannot be determined, indeterminate if positive para-aortic nodes present  
       Para-Aortic Lymph Nodes not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, Number of Positive Para-Aortic Nodes, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

Number of Positive Para-Aortic Nodes, Schema ID, Required, CoC Flag (MCR/SEER)

## Number of Positive Para-Aortic Nodes, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/10/2019 12:07:51

Edit Tag MA3939

### Edit Sets

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### Description

- The edit is skipped for any of the following conditions:
  - Diagnosis date before 2019, blank (unknown), or invalid
  - Schema ID is blank
  - CoC Accredited Flag not = 1

Number of Positive Para-Aortic Nodes is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

- This edit verifies that Number of Positive Para-Aortic Nodes is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00530: Corpus Carcinoma and Carcinosarcoma  
00541: Corpus Sarcoma (Sarcoma)  
00542: Corpus Sarcoma (Adenosarcoma)

### Administrative Notes

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

## Number of Positive Para-Aortic/Pelvic Nodes, Corpus, Reg Nodes Positive, CoC Flag (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

EditWriter 5

658

10/17/2019 02:45 PM

**Number of Positive Pelvic Nodes, Date DX (NAACCR)***Edit Tag N6113****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Number of Positive Para-Aortic Nodes and Number of Positive Pelvic Nodes SSDIs are coded consistently with Regional Nodes Positive for Corpus Uteri.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID is not 00530, 00541, 00542
  - Number of Positive Para-Aortic Nodes and Number of Positive Pelvic Nodes are both blank or not applicable.
  - Regional Nodes Positive is blank
  - CoC Accredited Flag is not 1
- If Regional Nodes Positive = 00,  
then Number of Positive Para-Aortic Nodes must = 00 or X9 and Number of Positive Pelvic Nodes must = 00 or X9 (no nodes positive or unknown if nodes positive)
- If Regional Nodes Positive = 95,  
then Number of Positive Para-Aortic Nodes must = 00, X6 (positive aspiration or core biopsy), or X9 and Number of Positive Pelvic Nodes must = 00, X6, or X9
- If Number of Positive Para-aortic Nodes = 01-99, X1, X2, X6 or Number of Positive Pelvic Nodes = 01-99, X1, X2, X6 (positive nodes),  
then Regional Nodes Positive must not = 00 (no nodes positive)

***Administrative Notes***

New edit - NAACCR v18C metafile

**Number of Positive Pelvic Nodes, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag N2640****Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
|---------------|--------------|-------------|

**Number of Positive Pelvic Nodes, Schema ID, Required, CoC Flag (MCR/SEER)**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Number of Positive Pelvic Nodes code or blank:

00: All pelvic nodes examined negative  
 01-99: 1-99 pelvic nodes positive  
       (Exact number of nodes positive)  
 X1: 100 or more pelvic nodes positive  
 X2: Positive pelvic nodes identified, number unknown  
 X6: Positive aspiration or core biopsy of pelvic lymph node(s)  
 X8: Not applicable: Information not collected for this case  
 X9: Not documented in medical record;  
       Cannot be determined, indeterminate if positive pelvic nodes present  
       Pelvic Lymph Nodes not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, Number of Positive Pelvic Nodes, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

## Number of Positive Pelvic Nodes, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/10/2019 12:03:43

Edit Tag MA3940

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank

**Number of Positive/Examined Para-Aortic Nodes, Corpus, CoC Flag (SEER)**

c. CoC Accredited Flag not = 1

Number of Positive Pelvic Nodes is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that Number of Positive Pelvic Nodes is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00530: Corpus Carcinoma and Carcinosarcoma

00541: Corpus Sarcoma (Sarcoma)

00542: Corpus Sarcoma (Adenosarcoma)

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Number of Positive/Examined Para-Aortic Nodes, Corpus, CoC Flag (SEER)**

Agency: SEER

Last changed: 10/08/2019 20:30:35

Edit Tag N6101

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the Number of Positive Para-Aortic Nodes and Number of Examined Para-Aortic Nodes SSDIs are coded consistently with each other for Corpus Uteri.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
  - b. Schema ID is not 00530, 00541, or 00542
  - c. Number of Examined Para-Aortic Nodes is blank or not applicable
  - d. Number of Positive Para-Aortic Nodes is blank or not applicable.
  - e. CoC Accredited Flag is not 1

**Number of Positive/Examined Pelvic Nodes, Corpus, CoC Flag (SEER)**

2. If Number of Examined Para-Aortic Nodes = X6 (aspiration or core biopsy of nodes only),  
then Number of Positive Para-Aortic Nodes must = X6 (positive aspiration or core biopsy), 00 (all examined nodes negative), or X9 (cannot be determined if positive nodes).
3. If Number of Examined Para-Aortic Nodes = 00 (no nodes examined),  
then Number of Positive Para-Aortic Nodes must = X9 (nodes not assessed).
4. If Number of Examined Para-Aortic Nodes = 01 to 99  
then Number of Positive Para-Aortic Nodes must = X2 (positive nodes number unknown), X9 (cannot be determined if positive nodes), or be less than or equal to number of examined nodes. (Number of Positive Para-Aortic Nodes must not = X1 [100 or more nodes positive] or X6 [positive aspiration or core biopsy].)
5. If Number of Examined Para-Aortic Nodes = X2 (nodes examined, number unknown) or X1 (100 or more nodes examined)  
then Number of Positive Para-Aortic Nodes must = 00, 01-99, X2 (positive nodes number unknown), X1 (100 or more nodes positive), or X9 (cannot be determined if positive nodes).
6. If Number of Positive Para-Aortic Nodes = X1 (100 or more nodes positive),  
Number of Examined Para-Aortic Nodes must = X1 (100 or more nodes examined) or X2 (nodes examined, number unknown).

**Administrative Notes**

New edit - NAACCR v18C metafile

**Modifications**

NAACCR v18D Patch

- Logic corrected to fail for statement 5 if NOT INLIST Number of Positive Para-Aortic Nodes", "00-99,X1,X2,X9", "NOT" added

## Number of Positive/Examined Pelvic Nodes, Corpus, CoC Flag (SEER)

Agency: SEER

Last changed: 10/08/2019 20:30:41

Edit Tag N6102

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Number of Positive/Examined Pelvic Nodes, Corpus, CoC Flag (SEER)****Description**

This edit verifies that the Number of Positive Pelvic Nodes and Number of Examined Pelvic Nodes SSDIs are coded consistently with each other.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
  - b. Schema ID is not 00530, 00541, or 00542
  - c. Number of Positive Pelvic Nodes is blank or not applicable.
  - d. Number of Examined Pelvic Nodes is blank or not applicable.
  - e. CoC Accredited Flag is not 1
2. If Number of Examined Pelvic Nodes = X6 (aspiration or core biopsy of nodes only),  
then Number of Positive Pelvic Nodes must = X6 (positive aspiration or core biopsy), 00 (all examined nodes negative), or X9 (cannot be determined if positive nodes).
3. If Number of Examined Pelvic Nodes = 00 (no nodes examined),  
then Number of Positive Pelvic Nodes must = X9 (nodes not assessed).
4. If Number of Examined Pelvic Nodes = 01 to 99, Number of Positive Pelvic Nodes must = X2 (positive nodes number unknown), X9 (cannot be determined if positive nodes), or be less than or equal to number of examined nodes. (Number of Positive Pelvic Nodes must not = X1 [100 or more nodes positive] or X6 [positive aspiration or core biopsy of nodes]).
5. If Number of Examined Pelvic Nodes = X2 (nodes examined, number unknown) or X1 (100 or more nodes examined)  
then Number of Positive Pelvic Nodes must = 00, 01-99, X2 (positive nodes number unknown), X1 (100 or more nodes positive), or X9 (cannot be determined if positive nodes).
6. If Number of Positive Pelvic Nodes = X1 (100 or more nodes positive),  
Number of Examined Pelvic Nodes must = X1 (100 or more nodes examined) or X2 (nodes examined, number unknown).

**Administrative Notes**

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D Patch

- Logic corrected to fail for statement 5 if NOT INLIST Number of Positive Pelvic Nodes", "00-99,X1,X2,X9", "NOT" added

## Obsolete Codes - CS Extension (CS)

**Obsolete Codes - CS Extension (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1206***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Extension codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Extension is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Extension is table number 2), and CS Extension code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:



**Obsolete Codes - CS Extension (CS)**

- A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.  
[Example: none for CS Extension]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:  
an error is generated.  
[Example: Schema = Breast, CS Extension = 720]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:  
an error is generated.  
[Example: Schema = MelanomaHypopharynx, CS Extension = 510]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:  
an error is generated.  
[Example: Schema = MelanomaHypopharynx, CS Extension = 150]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.  
[Example: none for CS Extension]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.  
[Example: none for CS Extension]
7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.  
[Example: Schema = MelanomaHypopharynx, CS Extension = 800]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: Schema = Prostate, CS Extension = 330]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Extension]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)  
[Example: Schema = MelanomaConjunctiva, CS Extension = 400]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.  
[Example: Schema = SmallIntestine, CS Extension = 095]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

**Obsolete Codes - CS Extension (CS)**

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = CarcinoidAppendix, CS Extension = 400]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: Schema = BileDuctsDistal, CS Extension = 605]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: Schema = Appendix, CS Extension = 460]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: Schema = CarcinoidAppendix, CS Extension = 501]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.

[Example: none for CS Extension]

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.

[Example: Schema = Breast, CS Extension = 715]

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Extension]

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

[Example: none for CS Extension]

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

[Example: none for CS Extension]

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

[Example: Schema = BileDuctsIntraHepat, CS Extension = 750]

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

**Obsolete Codes - CS Lymph Nodes (CS)**

A. If year of Diagnosis is 2012 or higher, an error is generated.  
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.  
[Example: Schema = Ovary, CS Extension = 300]

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF270

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.  
- Modified to include the additional types of obsolete codes that were added for CSv0204.  
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:  
-- OBSOLETE DATA RETAINED V0203  
-- OBSOLETE DATA RETAINED V0104  
-- OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"  
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Lymph Nodes (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1256

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Lymph Nodes codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

**Obsolete Codes - CS Lymph Nodes (CS)**

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Lymph Nodes is table number 4), and CS Lymph Nodes code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Lymph Nodes]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:

an error is generated.

[Example: none for CS Lymph Nodes]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:

an error is generated.

[Example: none for CS Lymph Nodes]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:

an error is generated.

[Example: Schema = Thyroid, CS Lymph Nodes = 140]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Lymph Nodes]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

**Obsolete Codes - CS Lymph Nodes (CS)**

A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: none for CS Lymph Nodes]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: Schema = Bladder, CS Lymph Nodes = 100]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: Schema = Thyroid, CS Lymph Nodes = 200]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: Schema = Thyroid, CS Lymph Nodes = 100]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)  
[Example: Schema = Vagina, CS Lymph Nodes = 100]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.  
[Example: Schema = Breast, CS Lymph Nodes = 290]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)  
[Example: Schema = Thyroid, CS Lymph Nodes = 130]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: Schema = BileDuctsIntrahepat, CS Lymph Nodes = 300]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: Schema = Rectum, CS Lymph Nodes = 100]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: none]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

**Obsolete Codes - CS Lymph Nodes (CS)**

- A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.
17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.
18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:  
an error is generated.
20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)
21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:  
A. If year of Diagnosis is 2012 or higher, an error is generated.  
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.
22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:  
A. If year of Diagnosis is 2012 or higher, an error is generated.  
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF272

**Modifications:****NAACCR v12.1**

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

**NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**Obsolete Codes - CS Lymph Nodes Eval (CS)**

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Lymph Nodes Eval (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1260****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Lymph Nodes Eval codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Lymph Nodes Eval is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Lymph Nodes Eval is table number 5, and CS Lymph Nodes Eval code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

**Obsolete Codes - CS Lymph Nodes Eval (CS)**

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.[Example: none for CS Lymph Nodes Eval]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:  
an error is generated.  
[Example: none for CS Lymph Nodes Eval]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:  
an error is generated.  
[Example: none for CS Lymph Nodes Eval]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:  
an error is generated.  
[Example: none for CS Lymph Nodes Eval]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.[Example: none for CS Lymph Nodes Eval]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.[Example: none for CS Lymph Nodes Eval]
7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.[Example: Schema = MelanomaEyeOther, CS Lymph Nodes Eval = 0]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Lymph Nodes Eval]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Lymph Nodes Eval]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)  
[Example: none for CS Lymph Nodes Eval]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.  
[Example: none for CS Lymph Nodes Eval]



**Obsolete Codes - CS Lymph Nodes Eval (CS)**

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Lymph Nodes Eval]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Lymph Nodes Eval]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Lymph Nodes Eval]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Lymph Nodes Eval]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

**Obsolete Codes - CS Mets at DX (CS)*****Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF273

**Modifications:****NAACCR v12.1**

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

**NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

**NAACCR v13**

- Deleted duplicate error logic

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**NAACCR v15A**

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Mets at DX (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1257

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Mets at DX codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Mets at DX is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

**Obsolete Codes - CS Mets at DX (CS)**

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Mets at DX is table number 8), and CS Mets at DX code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Mets at DX]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:

an error is generated.

[Example: none for CS Mets at DX]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:

an error is generated.

[Example: none for CS Mets at DX]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:

an error is generated.

[Example: Schema = Lung, CS Mets at DX = 10]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Mets at DX]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

**Obsolete Codes - CS Mets at DX (CS)**

A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: none for CS Mets at DX]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: Schema = Bladder, CS Mets at DX = 10]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Mets at DX]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: Schema = Thyroid, CS Mets at DX = 10]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)  
[Example: Schema = Esophagus, CS Mets at DX = 12]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.  
[Example: Schema = Appendix, CS Mets at DX = 07]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)  
[Example: Schema = GISTEsophagus, CS Mets at DX = 50]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: Schema = Ovary, CS Mets at DX = 60]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: Schema = Brain, CS Mets at DX = 10]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: none for CS Mets at DX]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

**Obsolete Codes - CS Mets at DX (CS)**

- A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.
17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.
18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:  
an error is generated.
20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)
21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:  
A. If year of Diagnosis is 2012 or higher, an error is generated.  
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.
22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:  
A. If year of Diagnosis is 2012 or higher, an error is generated.  
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF274

**Modifications:****NAACCR v12C**

- Replaced reference to "CS Lymph Nodes" in description with "CS Mets at DX".

**NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**Obsolete Codes - CS Mets Eval (CS)**

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Mets Eval (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1261****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Mets Eval codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Mets Eval is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Mets Eval is table number 9, and CS Mets Eval code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

**Obsolete Codes - CS Mets Eval (CS)**

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: none for CS Mets Eval]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:  
an error is generated.  
[Example: none for CS Mets Eval]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:  
an error is generated.  
[Example: none for CS Mets Eval]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:  
an error is generated.  
[Example: none for CS Mets Eval]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: none for CS Mets Eval]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: none for CS Mets Eval]
7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: Schema = MelanomaEyeOther, CS Mets Eval = 0]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Mets Eval]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Mets Eval]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)  
[Example: none for CS Mets Eval]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.  
[Example: none for CS Mets Eval]

**Obsolete Codes - CS Mets Eval (CS)**

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Mets Eval]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Mets Eval]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Mets Eval]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Mets Eval]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:  
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.



**Obsolete Codes - CS Site-Specific Factor 1 (CS)*****Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF275

**Modifications:****NAACCR v12.1**

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

**NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**NAACCR v15A**

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Site-Specific Factor 1 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1262

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor 1 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 1 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

**Obsolete Codes - CS Site-Specific Factor 1 (CS)**

Using the returned schema name, CS table number (CS Site-Specific Factor 1 is table number 10), and CS Site-Specific Factor 1 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
 [Example: none for CS Site-Specific Factor 1]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
 an error is generated.
 [Example: Schema = MelanomaSkin, CS Site-Specific Factor 1 = 990]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
 an error is generated.
 [Example: none for CS Site-Specific Factor 1]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
 an error is generated.
 [Example: Schema = Prostate, CS Site-Specific Factor 1 = 000]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
 [Example: none for CS Site-Specific Factor 1]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
 [Example: none for CS Site-Specific Factor 1]

**Obsolete Codes - CS Site-Specific Factor 1 (CS)**

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: Schema = CarcinoidAppendix, CS Site-Specific Factor 1 = 000]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor 1]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor 1]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)  
[Example: none for CS Site-Specific Factor 1]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.  
[Example: Schema = Appendix, CS Site-Specific Factor 1 = 000]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)  
[Example: none for CS Site-Specific Factor 1]
13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: none for CS Site-Specific Factor 1]
14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: none for CS Site-Specific Factor 1]
15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: Schema = MyelomaPlasmaCellDisorder, CS Site-Specific Factor 1 = 000]
16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

**Obsolete Codes - CS Site-Specific Factor 1 (CS)**

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:  
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF276

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

## Obsolete Codes - CS Site-Specific Factor 2 (CS)

**Obsolete Codes - CS Site-Specific Factor 2 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1263***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor 2 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 2 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit is also skipped if schema is MelanomaIris.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 2 is table number 11), and CS Site-Specific Factor 2 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

**Obsolete Codes - CS Site-Specific Factor 2 (CS)**

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: Schema = BuccalMucosa, CS Site-Specific Factor 2 = 987]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:  
an error is generated.  
[Example: none for CS Site-Specific Factor 2]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:  
an error is generated.  
[Example: none for CS Site-Specific Factor 2]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:  
an error is generated.  
[Example: Schema = Prostate, CS Site-Specific Factor 2 = 000]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: none for CS Site-Specific Factor 2]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: none for CS Site-Specific Factor 2]
7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: Schema = BuccalMucosa, CS Site-Specific Factor 2 = 000]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor 2]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor 2]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)  
[Example: none for CS Site-Specific Factor 2]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.  
[Example: Schema = Breast, CS Site-Specific Factor 2 = 000]

**Obsolete Codes - CS Site-Specific Factor 2 (CS)**

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = Esophagus, CS Site-Specific Factor 2 = 100]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor 2]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor 2]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor 2]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

**Obsolete Codes - CS Site-Specific Factor 3 (CS)*****Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF277

**Modifications:****NAACCR v12.1**

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

**NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**NAACCR v15A**

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Site-Specific Factor 3 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1264

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor 3 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 3 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.



**Obsolete Codes - CS Site-Specific Factor 3 (CS)**

Using the returned schema name, CS table number (CS Site-Specific Factor 3 is table number 12), and CS Site-Specific Factor 3 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
 [Example: none for CS Site-Specific Factor 3]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
 an error is generated.
 [Example: none for CS Site-Specific Factor 3]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
 an error is generated.
 [Example: none for CS Site-Specific Factor 3]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
 an error is generated.
 [Example: Schema = Prostate, CS Site-Specific Factor 3 = 020]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
 [Example: none for CS Site-Specific Factor 3]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
 [Example: none for CS Site-Specific Factor 3]

**Obsolete Codes - CS Site-Specific Factor 3 (CS)**

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: Schema = Testis, CS Site-Specific Factor 3 = 000]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: Schema = Prostate, CS Site-Specific Factor 3 = 031]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor 3]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)  
[Example: none for CS Site-Specific Factor 3]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.  
[Example: Schema = Cervix, CS Site-Specific Factor 3 = 000]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)  
[Example: none for CS Site-Specific Factor 3]
13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: Schema = Prostate, CS Site-Specific Factor 3 = 410]
14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: none for CS Site-Specific Factor 3]
15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: none for CS Site-Specific Factor 3]
16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

**Obsolete Codes - CS Site-Specific Factor 3 (CS)**

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:  
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF278

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

## Obsolete Codes - CS Site-Specific Factor 4 (CS)

**Obsolete Codes - CS Site-Specific Factor 4 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1265***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor 4 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 4 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 4 is table number 13), and CS Site-Specific Factor 4 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

**Obsolete Codes - CS Site-Specific Factor 4 (CS)**

- A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: none for CS Site-Specific Factor 4]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:  
an error is generated.  
[Example: none for CS Site-Specific Factor 4]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:  
an error is generated.  
[Example: none for CS Site-Specific Factor 4]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:  
an error is generated.  
[Example: Schema = Appendix, CS Site-Specific Factor 4 = 888]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: none for CS Site-Specific Factor 4]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
[Example: Schema = Prostate, CS Site-Specific Factor 4 = 000]
7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: none for CS Site-Specific Factor 4]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor 4]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor 4]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)  
[Example: none for CS Site-Specific Factor 4]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.  
[Example: Schema = Esophagus, CS Site-Specific Factor 4 = 990]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.

**Obsolete Codes - CS Site-Specific Factor 4 (CS)**

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = Esophagus, CS Site-Specific Factor 4 = 000]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor 4]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor 4]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor 4]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.

[Example: none for CS Extension]

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

**Obsolete Codes - CS Site-Specific Factor 5 (CS)*****Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF279

**Modifications:****NAACCR v12.1**

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

**NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.  
- Modified to include the additional types of obsolete codes that were added for CSv0204.  
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:  
-- OBSOLETE DATA RETAINED V0203  
-- OBSOLETE DATA RETAINED V0104  
-- OBSOLETE DATA RETAINED V0202

**NAACCR v12.2A**

- Description corrected: conditions 17-22 were included twice; first set removed.

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"  
- Default error message added

**NAACCR v15A**

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Site-Specific Factor 5 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1266

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor 5 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 5 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type

**Obsolete Codes - CS Site-Specific Factor 5 (CS)**

ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 5 is table number 14), and CS Site-Specific Factor 5 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 5]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:  
an error is generated.

[Example: none for CS Site-Specific Factor 5]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:  
an error is generated.

[Example: none for CS Site-Specific Factor 5]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:  
an error is generated.

[Example: Schema = Testis, CS Site-Specific Factor 5 = 001]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 5]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.



**Obsolete Codes - CS Site-Specific Factor 5 (CS)**

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 5]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: Schema = Prostate, CS Site-Specific Factor 5 = 000]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 5]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 5]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 5]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.

[Example: Schema = Cervix, CS Site-Specific Factor 5 = 000]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = Esophagus, CS Site-Specific Factor 5 = 000]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 5]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 5]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 5]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

**Obsolete Codes - CS Site-Specific Factor 5 (CS)**

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF280

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.

- Modified to include the additional types of obsolete codes that were added for CSv0204.

- Modified to include 3 types of obsolete codes left out of previous versions of the edit:

-- OBSOLETE DATA RETAINED V0203

-- OBSOLETE DATA RETAINED V0104

-- OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Default error message added

**Obsolete Codes - CS Site-Specific Factor 6 (CS)**

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Default error message added

**Obsolete Codes - CS Site-Specific Factor 6 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1267***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor 6 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 6 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 6 is table number 15), and CS Site-Specific Factor 6 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203

**Obsolete Codes - CS Site-Specific Factor 6 (CS)**

- 16. OBSOLETE DATA RETAINED V0104
- 17. OBSOLETE DATA RETAINED V0202
- 18. OBSOLETE DATA RETAINED AND REVIEWED V0200
- 19. OBSOLETE DATA CONVERTED V0204
- 20. OBSOLETE DATA REVIEWED AND CHANGED V0204
- 21. OBSOLETE DATA RETAINED AND REVIEWED V0204
- 22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 6]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:  
an error is generated.

[Example: none for CS Site-Specific Factor 6]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:  
an error is generated.

[Example: none for CS Site-Specific Factor 6]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:  
an error is generated.

[Example: Schema = Appendix, CS Site-Specific Factor 6 = 888]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 6]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 6]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: Schema = Prostate, CS Site-Specific Factor 6 = 000]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 6]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 6]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.

**Obsolete Codes - CS Site-Specific Factor 6 (CS)**

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 6]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.

[Example: Schema = GISTEsophagus, CS Site-Specific Factor 6 = 995]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor 6]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor 6]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor 6]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor 6]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

**Obsolete Codes - CS Site-Specific Factor 7 (CS)**

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF281

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.

- Modified to include the additional types of obsolete codes that were added for CSv0204.

- Modified to include 3 types of obsolete codes left out of previous versions of the edit:

-- OBSOLETE DATA RETAINED V0203

-- OBSOLETE DATA RETAINED V0104

-- OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Site-Specific Factor 7 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1408

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor 7 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 7 is blank

**Obsolete Codes - CS Site-Specific Factor 7 (CS)**

2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 7 is table number 16), and CS Site-Specific Factor 7 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Site-Specific Factor 7]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
 an error is generated.
 [Example: none for CS Site-Specific Factor 7]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
 an error is generated.
 [Example: none for CS Site-Specific Factor 7]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
 an error is generated.
 [Example: Schema = GISTEsophagus, CS Site-Specific Factor 7 = 888]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.

**Obsolete Codes - CS Site-Specific Factor 7 (CS)**

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 7]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 7]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor 7]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 7]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 7]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 7]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.

[Example: Schema = Cervix, CS Site-Specific Factor 7 = 000]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = Brain, CS Site-Specific Factor 7 = 022]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 7]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 7]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.



**Obsolete Codes - CS Site-Specific Factor 7 (CS)**

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor 7]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF324

**Modifications:****NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSV0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

**Obsolete Codes - CS Site-Specific Factor 8 (CS)**

- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Site-Specific Factor 8 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1409

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor 8 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 8 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor 8 is table number 17), and CS Site-Specific Factor 8 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204

**Obsolete Codes - CS Site-Specific Factor 8 (CS)**

- 20. OBSOLETE DATA REVIEWED AND CHANGED V0204
- 21. OBSOLETE DATA RETAINED AND REVIEWED V0204
- 22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
- [Example: none for CS Site-Specific Factor 8]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:  
an error is generated.

[Example: none for CS Site-Specific Factor 8]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:  
an error is generated.

[Example: none for CS Site-Specific Factor 8]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:  
an error is generated.

[Example: none for CS Site-Specific Factor 8]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
- [Example: none for CS Site-Specific Factor 8]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
- [Example: none for CS Site-Specific Factor 8]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.
- [Example: none for CS Site-Specific Factor 8]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 8]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor 8]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor 8]

**Obsolete Codes - CS Site-Specific Factor 8 (CS)**

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor 8 = 001]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor 8]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 8]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 8]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor 8]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

**Obsolete Codes - CS Site-Specific Factor 9 (CS)**

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF325

**Modifications:****NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**NAACCR v15A**

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Site-Specific Factor 9 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1410

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor 9 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor 9 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

**Obsolete Codes - CS Site-Specific Factor 9 (CS)**

Using the returned schema name, CS table number (CS Site-Specific Factor 9 is table number 18), and CS Site-Specific Factor 9 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Site-Specific Factor 9]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
 an error is generated.
 [Example: none for CS Site-Specific Factor 9]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
 an error is generated.
 [Example: none for CS Site-Specific Factor 9]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
 an error is generated.
 [Example: none for CS Site-Specific Factor 9]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Site-Specific Factor 9]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Site-Specific Factor 9]

**Obsolete Codes - CS Site-Specific Factor 9 (CS)**

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: none for CS Site-Specific Factor 9]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor 9]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor 9]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)  
[Example: none for CS Site-Specific Factor 9]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.  
[Example: Schema = Cervix, CS Site-Specific Factor 9 = 000]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)  
[Example: none for CS Site-Specific Factor 9]
13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: none for CS Site-Specific Factor 9]
14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: none for CS Site-Specific Factor 9]
15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: none for CS Site-Specific Factor 9]
16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

**Obsolete Codes - CS Site-Specific Factor10 (CS)**

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:  
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF326

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Site-Specific Factor10 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11



**Obsolete Codes - CS Site-Specific Factor10 (CS)****Edit Tag N1411****Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit checks for all obsolete CS Site-Specific Factor10 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor10 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor10 is table number 19), and CS Site-Specific Factor10 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
    - A. If year of Diagnosis is 2010 or higher, an error is generated.
    - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
- [Example: none for CS Site-Specific Factor10]

**Obsolete Codes - CS Site-Specific Factor10 (CS)**

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:  
an error is generated.  
[Example: none for CS Site-Specific Factor10]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:  
an error is generated.  
[Example: none for CS Site-Specific Factor10]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:  
an error is generated.  
[Example: none for CS Site-Specific Factor10]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.[Example: none for CS Site-Specific Factor10]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.[Example: none for CS Site-Specific Factor10]
7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.[Example: none for CS Site-Specific Factor10]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor10]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor10]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)  
[Example: none for CS Site-Specific Factor10]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.  
[Example: Schema = Breast, CS Site-Specific Factor10 = 981-986]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)  
[Example: none for CS Site-Specific Factor10]

**Obsolete Codes - CS Site-Specific Factor10 (CS)**

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
  - B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
- [Example: none for CS Site-Specific Factor10]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
  - B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
- [Example: none for CS Site-Specific Factor10]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
  - B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
- [Example: none for CS Site-Specific Factor10]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:  
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF327

**Obsolete Codes - CS Site-Specific Factor11 (CS)**

## Modifications:

## NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

## NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

## NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Site-Specific Factor11 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1412***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor11 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor11 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor11 is table number 20), and CS Site-Specific Factor11 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200

**Obsolete Codes - CS Site-Specific Factor11 (CS)**

5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor11]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:

an error is generated.

[Example: none for CS Site-Specific Factor11]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:

an error is generated.

[Example: none for CS Site-Specific Factor11]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:

an error is generated.

[Example: Schema = NETColon, CS Site-Specific Factor11 = 888]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor11]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor11]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor11]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:

an error is generated.

**Obsolete Codes - CS Site-Specific Factor11 (CS)**

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor11]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor11]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor11]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.

[Example: Schema = GISTAppendix, CS Site-Specific Factor11 = 995]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor11]

Note: Although for Testis schema, CS Site-Specific Factor11 of 000, 010, and 999 are listed in CSV0203 as OBSOLETE DATA REVIEWED AND CHANGED V0203, it is a mistake and will be changed to OBSOLETE DATA RETAINED in the next release of CS. These three codes should not generate errors.

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor11]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor11]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor11]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.

**Obsolete Codes - CS Site-Specific Factor12 (CS)**

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:  
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF328

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Site-Specific Factor12 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1413*

**Obsolete Codes - CS Site-Specific Factor12 (CS)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor12 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor12 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor12 is table number 21), and CS Site-Specific Factor12 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.  
 B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
 [Example: none for CS Site-Specific Factor12]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:  
 an error is generated.



**Obsolete Codes - CS Site-Specific Factor12 (CS)**

[Example: none for CS Site-Specific Factor12]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:  
an error is generated.

[Example: none for CS Site-Specific Factor12]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:  
an error is generated.

[Example: none for CS Site-Specific Factor12]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor12]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor12]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor12]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor12]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor12]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor12]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor12 = 981-986]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor12]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

**Obsolete Codes - CS Site-Specific Factor12 (CS)**

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor12]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor12]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor12]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF329

Modifications:

**Obsolete Codes - CS Site-Specific Factor13 (CS)****NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**NAACCR v15A**

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Site-Specific Factor13 (CS)****Agency: CS****Last changed: 02/07/2018 22:11:11***Edit Tag N1414****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor13 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor13 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor13 is table number 22), and CS Site-Specific Factor13 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200

**Obsolete Codes - CS Site-Specific Factor13 (CS)**

8. OBSOLETE DATA REVIEWED AND CHANGED V0102  
 9. OBSOLETE DATA REVIEWED AND CHANGED V0103  
 10. OBSOLETE DATA REVIEWED AND CHANGED V0200  
 11. OBSOLETE DATA CONVERTED V0203  
 12. OBSOLETE DATA REVIEWED AND CHANGED V0203  
 13. OBSOLETE DATA REVIEWED V0203  
 14. OBSOLETE DATA RETAINED AND REVIEWED V0203  
 15. OBSOLETE DATA RETAINED V0203  
 16. OBSOLETE DATA RETAINED V0104  
 17. OBSOLETE DATA RETAINED V0202  
 18. OBSOLETE DATA RETAINED AND REVIEWED V0200  
 19. OBSOLETE DATA CONVERTED V0204  
 20. OBSOLETE DATA REVIEWED AND CHANGED V0204  
 21. OBSOLETE DATA RETAINED AND REVIEWED V0204  
 22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor13]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:  
 an error is generated.

[Example: none for CS Site-Specific Factor13]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:  
 an error is generated.

[Example: none for CS Site-Specific Factor13]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:  
 an error is generated.

[Example: none for CS Site-Specific Factor13]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor13]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor13]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.

[Example: none for CS Site-Specific Factor13]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
 an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor13]

**Obsolete Codes - CS Site-Specific Factor13 (CS)**

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor13]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)  
[Example: none for CS Site-Specific Factor13]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.  
[Example: Schema = BileDuctsDistal, CS Site-Specific Factor13 = 000]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)  
[Example: none for CS Site-Specific Factor13]
13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.  
[Example: none for CS Site-Specific Factor13]
14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.  
[Example: none for CS Site-Specific Factor13]
15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.  
[Example: none for CS Site-Specific Factor13]
16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.
17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.
18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.
19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:  
an error is generated.

**Obsolete Codes - CS Site-Specific Factor15 (CS)**

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF330

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.

- Modified to include the additional types of obsolete codes that were added for CSV0204.

- Modified to include 3 types of obsolete codes left out of previous versions of the edit:

-- OBSOLETE DATA RETAINED V0203

-- OBSOLETE DATA RETAINED V0104

-- OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Site-Specific Factor15 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1415

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor15 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

**Obsolete Codes - CS Site-Specific Factor15 (CS)**

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor15 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor15 is table number 24), and CS Site-Specific Factor15 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:  
 A. If year of Diagnosis is 2010 or higher, an error is generated.  
 B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
 [Example: none for CS Site-Specific Factor15]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:  
 an error is generated.  
 [Example: none for CS Site-Specific Factor15]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:  
 an error is generated.  
 [Example: none for CS Site-Specific Factor15]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:  
 an error is generated.  
 [Example: none for CS Site-Specific Factor15]

**Obsolete Codes - CS Site-Specific Factor15 (CS)**

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor15]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor15]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor15]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor15]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor15]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor15]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.

[Example: Schema = Vulva, CS Site-Specific Factor15 = 000]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor15]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor15]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor15]



**Obsolete Codes - CS Site-Specific Factor15 (CS)**

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
  - B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.
- [Example: none for CS Site-Specific Factor15]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:  
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF332

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

NAACCR v14

EditWriter 5

**Obsolete Codes - CS Site-Specific Factor19 (CS)**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Site-Specific Factor19 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag N1416****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor19 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor19 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor19 is table number 28), and CS Site-Specific Factor19 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202

**Obsolete Codes - CS Site-Specific Factor19 (CS)**

- 18. OBSOLETE DATA RETAINED AND REVIEWED V0200
- 19. OBSOLETE DATA CONVERTED V0204
- 20. OBSOLETE DATA REVIEWED AND CHANGED V0204
- 21. OBSOLETE DATA RETAINED AND REVIEWED V0204
- 22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor19]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:  
an error is generated.

[Example: none for CS Site-Specific Factor19]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:  
an error is generated.

[Example: none for CS Site-Specific Factor19]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:  
an error is generated.

[Example: none for CS Site-Specific Factor19]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor19]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor19]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor19]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor19]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor19]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

**Obsolete Codes - CS Site-Specific Factor19 (CS)**

[Example: none for CS Site-Specific Factor19]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor19 = 998]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor19]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor19]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor19]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor19]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:  
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:  
A. If year of Diagnosis is 2012 or higher, an error is generated.  
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

**Obsolete Codes - CS Site-Specific Factor21 (CS)**

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF336

**Modifications:****NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**NAACCR v15A**

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Site-Specific Factor21 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1417

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor21 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor21 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

**Obsolete Codes - CS Site-Specific Factor21 (CS)**

Using the returned schema name, CS table number (CS Site-Specific Factor21 is table number 30), and CS Site-Specific Factor21 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.[Example: none for CS Site-Specific Factor21]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:  
an error is generated.  
[Example: none for CS Site-Specific Factor21]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:  
an error is generated.  
[Example: none for CS Site-Specific Factor21]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:  
an error is generated.  
[Example: none for CS Site-Specific Factor21]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.[Example: none for CS Site-Specific Factor21]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

**Obsolete Codes - CS Site-Specific Factor21 (CS)**

[Example: none for CS Site-Specific Factor21]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Site-Specific Factor21]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:

an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor21]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:

an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Site-Specific Factor21]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:

an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Site-Specific Factor21]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:

an error is generated.

[Example: Schema = Breast, CS Site-Specific Factor21 = 998]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor21]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor21]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor21]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.

[Example: none for CS Site-Specific Factor21]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

**Obsolete Codes - CS Site-Specific Factor21 (CS)**

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.
18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.
19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:  
an error is generated.
20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)
21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:  
A. If year of Diagnosis is 2012 or higher, an error is generated.  
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.
22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:  
A. If year of Diagnosis is 2012 or higher, an error is generated.  
B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF338

**Modifications:****NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

**NAACCR v12.2A**

- SEER IF# in Administrative Notes changed from IF339 to IF338.

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**NAACCR v15A**

- Duplicate variable declarations deleted from edit logic.



## Obsolete Codes - CS Site-Specific Factor22 (CS)

**Obsolete Codes - CS Site-Specific Factor22 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1418***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor22 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor22 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor22 is table number 31), and CS Site-Specific Factor22 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

**Obsolete Codes - CS Site-Specific Factor22 (CS)**

- A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.  
[Example: none for CS Site-Specific Factor22]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:  
an error is generated.  
[Example: none for CS Site-Specific Factor22]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:  
an error is generated.  
[Example: none for CS Site-Specific Factor22]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:  
an error is generated.  
[Example: none for CS Site-Specific Factor22]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.  
[Example: none for CS Site-Specific Factor22]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.  
[Example: none for CS Site-Specific Factor22]
7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSV2), an error is generated.  
[Example: none for CS Site-Specific Factor22]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor22]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor22]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)  
[Example: none for CS Site-Specific Factor22]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.  
[Example: Schema = Breast, CS Site-Specific Factor22 = 997]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

**Obsolete Codes - CS Site-Specific Factor22 (CS)**

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: none for CS Site-Specific Factor22]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor22]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor22]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor22]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

**Obsolete Codes - CS Site-Specific Factor23 (CS)*****Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF339

**Modifications:****NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

**NAACCR v12.2A**

- SEER IF# in Administrative Notes changed from IF340 to IF339.

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

**NAACCR v15A**

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Site-Specific Factor23 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1419

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor23 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor23 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

**Obsolete Codes - CS Site-Specific Factor23 (CS)**

Using the returned schema name, CS table number (CS Site-Specific Factor23 is table number 32), and CS Site-Specific Factor23 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Site-Specific Factor23]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:
 an error is generated.
 [Example: none for CS Site-Specific Factor23]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:
 an error is generated.
 [Example: none for CS Site-Specific Factor23]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:
 an error is generated.
 [Example: none for CS Site-Specific Factor23]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Site-Specific Factor23]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.
 [Example: none for CS Site-Specific Factor23]

**Obsolete Codes - CS Site-Specific Factor23 (CS)**

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: none for CS Site-Specific Factor23]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor23]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor23]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)  
[Example: none for CS Site-Specific Factor23]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.  
[Example: Schema = Breast, CS Site-Specific Factor23 = 205]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)  
[Example: none for CS Site-Specific Factor23]
13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: none for CS Site-Specific Factor23]
14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: none for CS Site-Specific Factor23]
15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:  
A. If year of Diagnosis is 2011 or higher, an error is generated.  
B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSv0203), an error is generated.  
[Example: none for CS Site-Specific Factor23]
16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv02), an error is generated.

**Obsolete Codes - CS Site-Specific Factor23 (CS)**

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:  
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF340

Modifications:

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.
- Modified to include the additional types of obsolete codes that were added for CSv0204.
- Modified to include 3 types of obsolete codes left out of previous versions of the edit:
  - OBSOLETE DATA RETAINED V0203
  - OBSOLETE DATA RETAINED V0104
  - OBSOLETE DATA RETAINED V0202

NAACCR v12.2A

- SEER IF# in Administrative Notes changed from IFxxx to IF340.

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"
- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

## Obsolete Codes - CS Site-Specific Factor25 (CS)

**Obsolete Codes - CS Site-Specific Factor25 (CS)**

Agency: CS

Last changed: 02/07/2018 22:11:11

*Edit Tag* N1268***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Site-Specific Factor25 codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if any of the following conditions is true:

1. CS Site-Specific Factor25 is blank
2. Date of Diagnosis is blank
3. CS Version Input Original is blank

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Site-Specific Factor25 is table number 34), and CS Site-Specific Factor25 code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:



**Obsolete Codes - CS Site-Specific Factor25 (CS)**

- A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: none for CS Site-Specific Factor25]
2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:  
an error is generated.  
[Example: none for CS Site-Specific Factor25]
3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:  
an error is generated.  
[Example: none for CS Site-Specific Factor25]
4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:  
an error is generated.  
[Example: none for CS Site-Specific Factor25]
5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: none for CS Site-Specific Factor25]
6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: none for CS Site-Specific Factor25]
7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:  
A. If year of Diagnosis is 2010 or higher, an error is generated.  
B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.  
[Example: Schema = BileDuctsDistal, CS Site-Specific Factor25 = 100]
8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor25]
9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.  
(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)  
[Example: none for CS Site-Specific Factor25]
10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.  
(These particular obsolete codes require review after conversion from CSV01 to CSV02.)  
[Example: none for CS Site-Specific Factor25]
11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.  
[Example: Schema = LacrimalGland, CS Site-Specific Factor25 = 020]
12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:

**Obsolete Codes - CS Site-Specific Factor25 (CS)**

an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = LacrimalGland, CS Site-Specific Factor25 = 010]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor25]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor25]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Site-Specific Factor25]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:

an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:

an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

**Obsolete Codes - CS Tumor Size (CS)*****Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF282

**Modifications:****NAACCR v12.1**

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

**NAACCR v12.2**

- Updated to skip if CS Version Input Original is blank.  
 - Modified to include the additional types of obsolete codes that were added for CSv0204.  
 - Modified to include 3 types of obsolete codes left out of previous versions of the edit:  
 -- OBSOLETE DATA RETAINED V0203  
 -- OBSOLETE DATA RETAINED V0104  
 -- OBSOLETE DATA RETAINED V0202

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"  
 - Default error message added

**NAACCR v15A**

- Duplicate variable declarations deleted from edit logic.

**Obsolete Codes - CS Tumor Size (CS)**

**Agency:** CS

**Last changed:** 09/15/2015

**Edit Tag** N1258

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Tumor Size codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if CS Tumor Size is blank, Date of Diagnosis is blank, or CS Version Input Original is blank.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Tumor Size is table number 1), and CS Tumor Size code, a table lookup is performed. If the code for a particular

**Obsolete Codes - CS Tumor Size (CS)**

schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Tumor Size]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:

an error is generated.

[Example: none for CS Tumor Size]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:

an error is generated.

[Example: none for CS Tumor Size]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:

an error is generated.

[Example: Schema = HemeRetic, CS Tumor Size = 888]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Tumor Size]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Tumor Size]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

**Obsolete Codes - CS Tumor Size (CS)**

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: Schema = Conjunctiva, CS Tumor Size = 000]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102: an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Tumor Size]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103: an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Tumor Size]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200: an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Tumor Size]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203: an error is generated.

[Example: Schema = NETAmpulla, CS Tumor Size = 996]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203: an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)

[Example: Schema = CarcinoidAppendix, CS Tumor Size = 998]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Tumor Size]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Tumor Size]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

A. If year of Diagnosis is 2011 or higher, an error is generated.

B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Tumor Size]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

A. If year of Diagnosis is 2011 or higher, an error is generated.

**Obsolete Codes - CS Tumor Size (CS)**

B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSv0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSv2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:  
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

A. If year of Diagnosis is 2012 or higher, an error is generated.

B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSv0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF269

Modifications:

NAACCR v12.1

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

NAACCR v12.2

- Updated to skip if CS Version Input Original is blank.

- Modified to include the additional types of obsolete codes that were added for CSv0204.

- Modified to include 3 types of obsolete codes left out of previous versions of the edit:

-- OBSOLETE DATA RETAINED V0203

-- OBSOLETE DATA RETAINED V0104

-- OBSOLETE DATA RETAINED V0202

NAACCR v14

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"

- Default error message added

NAACCR v15A

- Duplicate variable declarations deleted from edit logic.

## Obsolete Codes - CS Tumor Size/Ext Eval (CS)

**Obsolete Codes - CS Tumor Size/Ext Eval (CS)**

Agency: CS

Last changed: 09/15/2015

*Edit Tag* N1259***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks for all obsolete CS Tumor Size Ext/Eval codes. Obsolete codes should be re-coded per Collaborative Stage guidelines.

This edit is skipped if CS Tumor Size/Ext Eval is blank, Date of Diagnosis, or CS Version Input Original is blank.

This edit first determines the correct CS schema by doing a function call to the CS Dynamic Link Library (dll). The function call passes Primary Site, Histologic Type ICD-O-3, and CS Site-Specific Factor25 (schema discriminator) to the dll and the CS schema name is returned.

Using the returned schema name, CS table number (CS Tumor Size/Ext Eval is table number 3, and CS Tumor Size/Ext Eval code, a table lookup is performed. If the code for a particular schema is determined to be obsolete based on the table lookup, the type of obsolete code must be evaluated. There are several types of obsolete codes:

1. OBSOLETE DATA CONVERTED AND RETAINED V0200
2. OBSOLETE DATA CONVERTED V0102
3. OBSOLETE DATA CONVERTED V0104
4. OBSOLETE DATA CONVERTED V0200
5. OBSOLETE DATA RETAINED V0100
6. OBSOLETE DATA RETAINED V0102
7. OBSOLETE DATA RETAINED V0200
8. OBSOLETE DATA REVIEWED AND CHANGED V0102
9. OBSOLETE DATA REVIEWED AND CHANGED V0103
10. OBSOLETE DATA REVIEWED AND CHANGED V0200
11. OBSOLETE DATA CONVERTED V0203
12. OBSOLETE DATA REVIEWED AND CHANGED V0203
13. OBSOLETE DATA REVIEWED V0203
14. OBSOLETE DATA RETAINED AND REVIEWED V0203
15. OBSOLETE DATA RETAINED V0203
16. OBSOLETE DATA RETAINED V0104
17. OBSOLETE DATA RETAINED V0202
18. OBSOLETE DATA RETAINED AND REVIEWED V0200
19. OBSOLETE DATA CONVERTED V0204
20. OBSOLETE DATA REVIEWED AND CHANGED V0204
21. OBSOLETE DATA RETAINED AND REVIEWED V0204
22. OBSOLETE DATA RETAINED V0204

1. If the type of obsolete code = OBSOLETE DATA CONVERTED AND RETAINED V0200:
  - A. If year of Diagnosis is 2010 or higher, an error is generated.
  - B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

**Obsolete Codes - CS Tumor Size/Ext Eval (CS)**

[Example: none for CS Tumor Size/Ext Eval]

2. If the type of obsolete code = OBSOLETE DATA CONVERTED V0102:  
an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

3. If the type of obsolete code = OBSOLETE DATA CONVERTED V0104:  
an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

4. If the type of obsolete code = OBSOLETE DATA CONVERTED V0200:  
an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

5. If the type of obsolete code = OBSOLETE DATA RETAINED V0100:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

6. If the type of obsolete code = OBSOLETE DATA RETAINED V0102:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

7. If the type of obsolete code = OBSOLETE DATA RETAINED V0200:

A. If year of Diagnosis is 2010 or higher, an error is generated.

B. If CS version Input Original is 020100 (indicating the case was originally coded using CSv2), an error is generated.

[Example: Schema = MelanomaEyeOther, CS Tumor Size/Ext Eval = 0]

8. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0102:  
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Tumor Size/Ext Eval]

9. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0103:  
an error is generated.

(Obsolete codes from CSV01 are expected to have been recoded prior to conversion to CSV02.)

[Example: none for CS Tumor Size/Ext Eval]

10. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0200:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV01 to CSV02.)

[Example: none for CS Tumor Size/Ext Eval]

11. If the type of obsolete code = OBSOLETE DATA CONVERTED V0203:  
an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

12. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0203:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV02xx to CSV0203.)



**Obsolete Codes - CS Tumor Size/Ext Eval (CS)**

[Example: none for CS Tumor Size/Ext Eval]

13. If the type of obsolete code = OBSOLETE DATA REVIEWED V0203:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

14. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0203:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

15. If the type of obsolete code = OBSOLETE DATA RETAINED V0203:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020300 or higher (indicating the case was originally coded using CSV0203), an error is generated.

[Example: none for CS Tumor Size/Ext Eval]

16. If the type of obsolete code = OBSOLETE DATA RETAINED V0104:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV02), an error is generated.

17. If the type of obsolete code = OBSOLETE DATA RETAINED V0202:

- A. If year of Diagnosis is 2011 or higher, an error is generated.
- B. If CS version Input Original is 020200 or higher (indicating the case was originally coded using CSV0202), an error is generated.

18. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0200:

- A. If year of Diagnosis is 2010 or higher, an error is generated.
- B. If CS version Input Original is 020100 or higher (indicating the case was originally coded using CSV2), an error is generated.

19. If the type of obsolete code = OBSOLETE DATA CONVERTED V0204:  
an error is generated.

20. If the type of obsolete code = OBSOLETE DATA REVIEWED AND CHANGED V0204:  
an error is generated.

(These particular obsolete codes require review after conversion from CSV0203xx to CSV0204.)

21. If the type of obsolete code = OBSOLETE DATA RETAINED AND REVIEWED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

22. If the type of obsolete code = OBSOLETE DATA RETAINED V0204:

- A. If year of Diagnosis is 2012 or higher, an error is generated.
- B. If CS version Input Original is 020440 or higher (indicating the case was originally coded using CSV0204), an error is generated.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF271

**Obsolete Histology ICDO3, Date of DX (SEER)****Modifications:****NAACCR v12.1**

- Modified to handle the additional types of obsolete codes that were added for CSv0203.

**NAACCR v12.2**

- Modified to handle the additional types of obsolete codes that were added for CSv0204.  
 - Updated to skip if CS Version Input Original is blank.

**NAACCR v14**

- Function call to the CS Dynamic Link Library updated to call "CStage0205.dll" instead of "CStage.dll"  
 - Default error message added

**NAACCR v15A**

- Duplicate variable declarations deleted from edit logic.

**Obsolete Histology ICDO3, Date of DX (SEER)**

**Agency: SEER**

**Last changed: 01/26/2015**

*Edit Tag* N1966

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If year of Date of Diagnosis is blank, this edit is skipped.

The following histology is obsolete for all years.

Source: ICD-O-3 Update Implementation (December 2013)

- The current code to be used in place of the obsolete code is shown in the second column.

|                       |                      |
|-----------------------|----------------------|
| Obsolete ICD-O-3 Code | Current ICD-O-3 Code |
| 8157                  | 8152                 |

If the year of Date of Diagnosis is 2010 or later, the following Histologic Type ICD-O-3 codes listed in the first column are obsolete and will generate an error if used.

Source: Hematopoietic and Lymphoid Neoplasm Database & Coding Manual (Appendix E)

- The current code to be used in place of the obsolete code is shown in the second column.

|                       |                      |
|-----------------------|----------------------|
| Obsolete ICD-O-3 Code | Current ICD-O-3 Code |
| 9654                  | 9653                 |
| 9661                  | 9650                 |
| 9662                  | 9650                 |
| 9664                  | 9663                 |
| 9665                  | 9663                 |

**Oncotype Dx Recurrence Score-DCIS, Breast, Behavior, CoC Flag (SEER)**

|      |              |
|------|--------------|
| 9667 | 9663         |
| 9670 | 9823         |
| 9675 | 9690         |
| 9684 | 9680         |
| 9728 | 9811         |
| 9729 | 9837         |
| 9733 | 9732         |
| 9750 | 9751         |
| 9752 | 9751         |
| 9753 | 9751         |
| 9754 | 9751         |
| 9760 | 9761 or 9762 |
| 9764 | 9762         |
| 9805 | 9806-9809    |
| 9835 | 9811         |
| 9836 | 9811         |
| 9960 | 9975         |
| 9984 | 9983         |
| 9987 | 9920         |

***Administrative Notes***

New edit - added to NAACCR v13 metafile.

In the SEER\*Edits software, the title of this edit is: IF440

**Modifications:****NAACCR v15**

- Histology code 8157 is obsolete for all years and should be replaced by 8152
- Diagnosis year for which listed histology codes are obsolete was changed from '2012 and later' to '2010 and later'
- Added code 9752
- Added column of current codes to be used in place of the obsolete codes

**Oncotype Dx Recurrence Score-DCIS, Breast, Behavior, CoC Flag (SEER)**

Agency: SEER

Last changed: 05/07/2019 21:08:10

Edit Tag N6125

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Purpose: This edit verifies that Oncotype Dx Recurrence Score-DCIS is coded consistently with Behavior Code ICD-O-3.

1. This edit is skipped if any of the following conditions is true:

**Oncotype Dx Recurrence Score-DCIS, Date DX (NAACCR)**

- a. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
- b. Schema ID is not 00480
- c. Oncotype Dx Recurrence Score-DCIS is blank or XX8 (not applicable)
- d. Behavior Code ICD-O-3 is 0, 1, or blank
- e. CoC Accredited Flag is not 1

2. The edit verifies that if Behavior Code ICD-O-3 = "3":

Oncotype Dx Recurrence Score-DCIS = "XX6" (not applicable: invasive case).

3. The edit verifies that if Behavior Code ICD-O-3 = "2":

Oncotype Dx Recurrence Score-DCIS must not = "XX6" (not applicable: invasive case).

***Administrative Notes***

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D

- Description, logic to change effective date from 2019 to 2018

**Oncotype Dx Recurrence Score-DCIS, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 07/17/2018 21:54:33

*Edit Tag* N2688

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

**Oncotype Dx Recurrence Score-DCIS, Schema ID, Required, CoC Flag (MCR/SEER)**

2. Must be a valid Oncotype Dx Recurrence Score-DCIS code or blank:

000-100: Enter actual recurrence score between 0 and 100  
 XX6: Not applicable: invasive case  
 XX7: Test done, results not in chart  
 XX8: Not applicable: Information not collected for this case  
 XX9: Not documented in medical record  
 Oncotype Dx Recurrence Score-DCIS not assessed or unknown if assessed;

3. Numeric values must be right-justified and zero-filled.

Another edit, Oncotype Dx Recurrence Score-DCIS, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Oncotype Dx Recurrence Score-DCIS, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 11:58:17

Edit Tag MA3941

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Oncotype Dx Recurrence Score-DCIS is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Oncotype Dx Recurrence Score-DCIS is not "XX8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

**Oncotype Dx Recurrence Score-Invasive, Breast, Behavior (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Oncotype Dx Recurrence Score-Invasive, Breast, Behavior (NAACCR)**

Agency: NAACCR

Last changed: 05/03/2018 19:47:34

Edit Tag N3055

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Purpose: This edit verifies that Oncotype Dx Recurrence Score-Invasive is coded consistently with Behavior Code ICD-O-3.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
  - b. Schema ID is not 00480
  - c. Oncotype Dx Recurrence Score-Invasive is blank or XX8 (not applicable)
  - d. Behavior Code ICD-O-3 = 0, 1, or blank
1. The edit verifies for Schema ID 00480 that if Behavior Code ICD-O-3 = "2":

Oncotype Dx Recurrence Score-Invasive = "XX6" (not applicable: in situ case)
2. The edit verifies for Schema ID 00480 that if Behavior Code ICD-O-3 = "3":

Oncotype Dx Recurrence Score-Invasive must not = "XX6" (not applicable: in situ case).

**Oncotype Dx Recurrence Score-Invasive, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**Oncotype Dx Recurrence Score-Invasive, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 09/02/2019 12:17:25

*Edit Tag* N2687***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.  
The edit is skipped if Histologic Type ICD-O-3 = 8520/2, 8519/2, 8522/2.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Oncotype Dx Recurrence Score-Invasive code or blank:
  - 000-100: Enter actual recurrence score between 0 and 100
  - XX4: Stated as less than 11
  - XX5: Stated as equal to or greater than 11
  - XX6: Not applicable: in situ case
  - XX7: Test done, results not in chart
  - XX9: Not documented in medical record
  - Oncotype Dx Recurrence Score-Invasive not assessed or unknown if assessed
3. Numeric values must be right-justified and zero-filled.

Another edit, Oncotype Dx Recurrence Score-Invasive, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Oncotype Dx Recurrence Score-Invasive, Schema ID, Required (MCR/NAACCR)**

## Modifications

NAACCR v18D

- Description, logic modified to skip for Lobular Carcinoma in Situ, morphology codes 85202, 85192, 85222.

## Oncotype Dx Recurrence Score-Invasive, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/10/2019 11:54:46

*Edit Tag* MA2917***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Oncotype Dx Recurrence Score-Invasive is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00480: Breast

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.



Oncotype Dx Risk Level-DCIS, Breast, Behavior, CoC Flag (SEER)

# Oncotype Dx Risk Level-DCIS, Breast, Behavior, CoC Flag (SEER)

Agency: SEER

Last changed: 05/07/2019 21:08:10

*Edit Tag* N6126

## *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

## *Description*

Purpose: This edit verifies that Oncotype DX Risk Level-DCIS is coded consistently with Behavior Code ICD-O-3.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
  - b. Schema ID is not 00480
  - c. Oncotype DX Risk Level-DCIS is blank or 8 (not applicable)
  - d. Behavior Code ICD-O-3 is 0, 1, or blank
  - e. CoC Accredited Flag is not 1
2. The edit verifies that if Behavior Code ICD-O-3 = "3":

Oncotype Dx Risk Level-DCIS = "6" (not applicable: invasive case).
3. The edit verifies that if Behavior Code ICD-O-3 = "2":

Oncotype Dx Risk Level-DCIS must not = "6" (not applicable: invasive case).

## *Administrative Notes*

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D

- Description, logic to change effective date from 2019 to 2018

**Oncotype Dx Risk Level-DCIS, Date DX (NAACCR)****Oncotype Dx Risk Level-DCIS, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2690***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Oncotype Dx Risk Level-DCIS code or blank:

0: Low risk (recurrence score 0-38)  
1: Intermediate risk (recurrence score 39-54)  
2: High risk (recurrence score greater than or equal to 55)  
6: Not applicable: invasive case  
7: Test done, results not in chart  
8: Not applicable: Information not collected for this case  
9: Not documented in medical record  
Oncotype Dx Risk Level-DCIS not assessed or unknown if assessed

Another edit, Oncotype Dx Risk Level-DCIS, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Oncotype Dx Risk Level-DCIS, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 11:51:39

*Edit Tag* MA3942***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Oncotype Dx Risk Level-Invasive, Breast, Behavior, CoC Flag (MCR/SEER)****Description**

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Oncotype Dx Risk Level-DCIS is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Oncotype Dx Risk Level-DCIS is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Oncotype Dx Risk Level-Invasive, Breast, Behavior, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 10/15/2019 17:40:45

Edit Tag MA6127

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Purpose: This edit verifies that Oncotype DX Risk Level-Invasive is coded consistently with Behavior Code ICD-O-3.

1. This edit is skipped if any of the following conditions is true:

**Oncotype Dx Risk Level-Invasive, Date DX (NAACCR)**

- a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
- b. Schema ID is not 00480
- c. Oncotype DX Risk Level-Invasive is blank or 8 (not applicable)
- d. Behavior Code ICD-O-3 = 0, 1, or blank.
- e. CoC Accredited Flag is not 1

1. The edit verifies for Schema ID 00480 that if Behavior Code ICD-O-3 = "2":

Oncotype Dx Risk Level-Invasive = "6" (not applicable: in situ case).

2. The edit verifies for Schema ID 00480 that if Behavior Code ICD-O-3 = "3":

Oncotype Dx Risk Level-Invasive must not = "6" (not applicable: in situ case).

***Administrative Notes***

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D

- Description, logic to change effective date from 2019 to 2018

18D: MCR modification is to skip pre-2019 rather than pre-2018 diagnoses.

**Oncotype Dx Risk Level-Invasive, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 09/02/2019 10:42:12

*Edit Tag* N2689

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.  
 The edit is skipped if Histologic Type ICD-O-3 = 8520/2, 8519/2, 8522/2.

1. This data item must be blank for pre-2018 diagnoses.

**Oncotype Dx Risk Level-Invasive, Schema ID, Required, CoC Flag (MCR/SEER)**

2. Must be a valid Oncotype Dx Risk Level-Invasive code or blank:

0: Low risk (recurrence score 0-17)  
 1: Intermediate risk (recurrence score 18-30)  
 2: High risk (recurrence score greater than or equal to 31)  
 6: Not applicable: DCIS case  
 7: Test done, results not in chart  
 8: Not applicable: Information not collected for this case  
 9: Not documented in medical record  
 Oncotype Dx Risk Level-Invasive not assessed or unknown if assessed

Another edit, Oncotype Dx Risk Level-Invasive, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v18D

- Description, logic modified to skip for Lobular Carcinoma in Situ, morphology codes 85202, 85192, 85222.

**Oncotype Dx Risk Level-Invasive, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 11:47:12

Edit Tag MA3943

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Oncotype Dx Risk Level-Invasive is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Oncotype Dx Risk Level-Invasive is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

**Organomegaly, Date DX (NAACCR)**

00480: Breast

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Organomegaly, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:15:26

*Edit Tag N2744****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Organomegaly code or blank:

- 0: Organomegaly of liver and/or spleen not present
- 1: Organomegaly of liver and/or spleen present
- 9: Not documented in medical record
- Organomegaly not assessed or unknown if assessed

Another edit, Organomegaly, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

**Organomegaly, Schema ID, Required (MCR/NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**Organomegaly, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 11:43:53

*Edit Tag* MA2920***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Organomegaly is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00795: Lymphoma (CLL/SLL)

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

Percent Necrosis Post Neoadjuvant, Bone, DX Confirm, CoC Flag (SEER)

## Percent Necrosis Post Neoadjuvant, Bone, DX Confirm, CoC Flag (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

*Edit Tag* N6103

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

This edit verifies that the Percent Necrosis Post Neoadjuvant SSDI is coded consistently with Diagnostic Confirmation.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID is not 00381, 00382, 00383
  - Percent Necrosis Post Neoadjuvant is blank or XXX.8 (not applicable).
  - Diagnostic Confirmation is blank.
  - CoC Accredited Flag is not 1
- If Diagnostic Confirmation not = 1 (histologic confirmation), then Percent Necrosis Post Neoadjuvant must be coded XXX.9 (no histologic examination of primary site).

### *Administrative Notes*

New edit - NAACCR v18C metafile

## Percent Necrosis Post Neoadjuvant, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/14/2018 11:45:26

*Edit Tag* N2654

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

- This data item must be blank for pre-2018 diagnoses.



**Percent Necrosis Post Neoadjuvant, Schema ID, Required, CoC Flag (MCR/SEER)**

2. Must be a valid Percent Necrosis Post Neoadjuvant code or blank:

0.0: Tumor necrosis not identified/not present  
 0.1-100.0: 0.1-100.0 percent tumor necrosis  
                   (Percentage of tumor necrosis to nearest tenth of a percent)  
 XXX.2: Tumor necrosis present, percent not stated  
 XXX.8: Not applicable: Information not collected for this case  
 XXX.9: Not documented in medical record  
           No histologic examination of primary site  
           No neoadjuvant therapy  
           No surgical resection of primary site is performed

3. Code must be right-justified and contain one place after decimal point.

Another edit, Percent Necrosis Post Neoadjuvant, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

## **Percent Necrosis Post Neoadjuvant, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 11:30:27

Edit Tag MA3944

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1.

Percent Necrosis Post Neoadjuvant is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Percent Necrosis Post Neoadjuvant is not "XXX.8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

**Perineural Invasion, Date DX (NAACCR)**

00381: Bone Appendicular  
 00382: Bone Spine  
 00383: Bone Pelvis

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Perineural Invasion, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2695

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses

2. Must be a valid Perineural Invasion code or blank:

0: Perineural invasion not identified/not present  
 1: Perineural invasion identified/present  
 8: Not applicable: Information not collected for this case  
 9: Not documented in medical record  
     Pathology report does not mention perineural invasion  
     Cannot be determined by the pathologist  
     Perineural Invasion not assessed or unknown if assessed

Another edit, Perineural Invasion, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

Perineural Invasion, Schema ID, Required (MCR/NAACCR)

**Perineural Invasion, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 11:26:20

*Edit Tag* MA2962***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Perineural Invasion is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00150: Cutaneous Carcinoma Head and Neck  
00200: Colon and Rectum  
00640: Skin of Eyelid  
00690: Lacrimal Gland

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Peripheral Blood Involvement, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:15:57

*Edit Tag* N2746

**Peripheral Blood Involvement, Date DX (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Peripheral Blood Involvement code or blank:
  - 0: Absence of significant blood involvement  
5% or less peripheral blood lymphocytes are atypical (Sezary) cells  
Clone unknown  
Stated as B0
  - 1: Absence of significant blood involvement  
5% or less of peripheral blood lymphocytes are atypical (Sezary) cells  
Clone negative  
Stated as B0a
  - 2: Absence of significant blood involvement  
5% or less of peripheral blood lymphocytes are atypical (Sezary) cells  
Clone positive  
Stated as B0b
  - 3: Low blood tumor burden  
More than 5% of peripheral blood lymphocytes are atypical (Sezary) cells  
Clone unknown  
Stated as B1
  - 4: Low blood tumor burden;  
More than 5% of peripheral blood lymphocytes are atypical (Sezary) cells but does not meet the criteria of B2  
Clone negative  
Stated as B1a
  - 5: Low blood tumor burden  
More than 5% of peripheral blood lymphocytes are atypical (Sezary) cells but does not meet the criteria of B2  
Clone positive  
Stated as B1b
  - 6: High blood tumor burden  
Greater than or equal to 1,000 Sezary cells per microliter (uL)  
Clone positive  
Stated as B2
  - 7: Test done, results not in chart
  - 9: Not documented in medical record  
Peripheral Blood Involvement not assessed or unknown if assessed

Another edit, Peripheral Blood Involvement, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

**Peripheral Blood Involvement, Schema ID, Required (MCR/NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**Peripheral Blood Involvement, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 11:22:46

Edit Tag MA2921

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Peripheral Blood Involvement is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00811: Mycosis Fungoides

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**Peritoneal Cytology, Date DX (NAACCR)****Peritoneal Cytology, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2639***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Peritoneal Cytology code or blank:

- 0: Peritoneal cytology/washing negative for malignancy
- 1: Peritoneal cytology/washing atypical and/or suspicious
- 2: Peritoneal cytology/washing malignant (positive for malignancy)
- 3: Unsatisfactory/nondiagnostic
- 7: Test done, results not in chart
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
- Peritoneal Cytology not assessed or unknown if assessed

Another edit, Peritoneal Cytology, Schema ID, Required (NAACCR), checks that the item is coded Schema ID if required by a standard setter.

This data item is required for EOD Derived Stage Group.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Peritoneal Cytology, Gynecologic, Summary Stage 2018 (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 11:18:06

*Edit Tag* MA6073***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

**Peritoneal Cytology, Schema ID, Required (MCR/NAACCR)**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

**Description**

This edit verifies that Peritoneal Cytology SSDI is coded consistently with Summary Stage 2018 for Corpus Carcinoma, Corpus Sarcoma, and Corpus Adenosarcoma.

- This edit is skipped if any of the following conditions is true:
  - Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
  - Schema ID is not 00530, 00541, 00542
  - Peritoneal Cytology is blank or 8 (not applicable)
  - Summary Stage 2018 is blank
- If Peritoneal Cytology = 2 (peritoneal cytology positive for malignancy), Summary Stage 2018 must not = 0, 1, or 3 (in situ, local, regional by nodal involvement only)

**Administrative Notes**

New edit - NAACCR v18C metafile

18C: MCR modification is to apply the logic 2018+ instead of 2019+.

**Peritoneal Cytology, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/10/2019 11:12:36

Edit Tag MA2922

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Peritoneal Cytology is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

This data item is required for EOD Derived Stage Group.

Required for Schema ID:

00530: Corpus Carcinoma and Carcinosarcoma

00541: Corpus Sarcoma (Sarcoma)

**PhI Dose per Fraction (COC)**

00542: Corpus Sarcoma (Adenosarcoma)

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**PhI Dose per Fraction (COC)**

Agency: COC

Last changed: 02/21/2018 17:46:48

*Edit Tag* N2542***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This data item records the dose per fraction (treatment session) delivered to the patient in the first phase of radiation during the first course of treatment. The unit of measure is centiGray (cGy).

1. The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase I Dose per Fraction: 00000-99999.

00000: Radiation therapy not administered

00001-99997: Actual Phase I dose delivered in cGy

99998: Not applicable, brachytherapy or radioisotopes administered to the patient

99999: Phase I radiation therapy was administered but dose is unknown; Unknown whether Phase I radiation therapy was administered.

***Administrative Notes***

New edit - added to NAACCR v18 metafile



**Phi Number of Fractions (COC)****Phi Number of Fractions (COC)**

Agency: COC

Last changed: 02/21/2018 17:46:48

*Edit Tag* N2543***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Records the total number of fractions (treatment sessions) delivered to the patient in the first phase of radiation during the first course of treatment.

1. The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.

2. Must be right-justified, zero-filled.

3. Must be a valid code for Phase I Number of Fractions: 000-999.

000: Radiation therapy was not administered

001-998: Number of fractions administered during third phase of radiation therapy

999: Radiation therapy administered but number of fractions unknown; Unknown if radiation therapy administered

***Administrative Notes***

New edit - added to NAACCR v18 metafile

**Phi Radiation External Beam Planning Tech (COC)**

Agency: COC

Last changed: 06/02/2018 13:26:54

*Edit Tag* N2541***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This field Identifies the external beam radiation planning Tech used to administer the first phase of radiation treatment during the first course of treatment.

**PhI Radiation External Beam Planning Tech, Date DX, CoC Flag (MCR/SEER)**

1. The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase I External Beam Radiation Planning Tech:  
00-10, 88, 98, 99.

00: No radiation treatment  
 01: External beam, NOS  
 02: Low energy x-ray/photon therapy  
 03: 2-D therapy  
 04: Conformal or 3-D conformal therapy  
 05: Intensity modulated therapy  
 06: Stereotactic radiotherapy or radiosurgery, NOS  
 07: Stereotactic radiotherapy or radiosurgery, robotic  
 08: Stereotactic radiotherapy or radiosurgery, Gamma Knife (R)  
 09: CT-guided online adaptive therapy  
 10: MR-guided online adaptive therapy  
 88: Not applicable  
 98: Other, NOS  
 99: Unknown whether radiation therapy administered

***Administrative Notes***

New edit - added to NAACCR v18 metafile

## PhI Radiation External Beam Planning Tech, Date DX, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/10/2019 11:05:31

Edit Tag MA4200

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks that radiation items defined for 2018 are reported by standard setter requirements for diagnoses 1/1/2019 and later.

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. CoC Accredited Flag not = 1

PhI Radiation External Beam Planning Tech is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

**PhI Radiation Primary Treatment Volume (COC)**

2. If the year of Date of Diagnosis is 2019 or later, Phase I Radiation External Beam Planning Technique may not be blank, with the following exception:  
 If Phase I Radiation Treatment Modality is 00 or 99, Phase I Radiation External Beam Planning Tech may be blank

***Administrative Notes***

New edit - added to NAACCR v18A metafile

**Modifications**

NAACCR v18C metafile

- Description, logic updated to pass if Phase I Radiation External Beam Planning Tech is blank and Phase I Radiation Treatment Modality = 00 or 99

18C: MCR modification is to apply the logic 2019+ instead of 2018+.

**PhI Radiation Primary Treatment Volume (COC)**

Agency: COC

Last changed: 02/21/2018 17:46:48

*Edit Tag* N2538

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This data item identifies the primary treatment volume or primary anatomic target treated during the first phase of radiation therapy during the first course of treatment.

- The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.
- Must be right-justified, zero-filled.
- Must be a valid code for Phase I Radiation Primary Treatment Volume:  
00-07, 09-14, 20-26, 29-32, 39-42, 50-68, 70-73, 80-86, 88, 90-99.

00: No radiation treatment  
 01: Neck lymph node regions  
 02: Thoracic lymph node regions  
 03: Neck and thoracic lymph node regions  
 04: Breast/ Chest wall lymph node regions  
 05: Abdominal lymph nodes  
 06: Pelvic lymph nodes  
 07: Abdominal and pelvic lymph nodes  
 09: Lymph node region, NOS  
 10: Eye/orbit/optic nerve  
 11: Pituitary

**PHI Radiation Primary Treatment Volume (COC)**

12: Brain  
13: Brain (Limited)  
14: Spinal cord  
20: Nasopharynx  
21: Oral Cavity  
22: Oropharynx  
23: Larynx (glottis) or hypopharynx  
24: Sinuses/Nasal tract  
25: Parotid or other salivary glands  
26: Thyroid  
29: Head and neck (NOS)  
30: Lung or bronchus  
31: Mesothelium  
32: Thymus  
39: Chest/lung (NOS)  
40: Breast - whole  
41: Breast - partial  
42: Chest wall  
50: Esophagus  
51: Stomach  
52: Small bowel  
53: Colon  
54: Rectum  
55: Anus  
56: Liver  
57: Biliary tree or gallbladder  
58: Pancreas or hepatopancreatic ampulla  
59: Abdomen (NOS)  
60: Bladder - whole  
61: Bladder - partial  
62: Kidney  
63: Ureter  
64: Prostate - whole  
65: Prostate - partial  
66: Urethra  
67: Penis  
68: Testicle or scrotum  
70: Ovaries or fallopian tubes  
71: Uterus or Cervix  
72: Vagina  
73: Vulva  
80: Skull  
81: Spine/vertebral bodies  
82: Shoulder  
83: Ribs  
84: Hip  
85: Pelvic bones  
86: Pelvis (NOS, non-visceral)  
88: Extremity bone, NOS  
90: Skin  
91: Soft tissue  
92: Hemibody  
93: Whole body  
94: Mantle, mini-mantle (obsolete after 2017)  
95: Lower extended field (obsolete after 2017)  
96: Inverted Y (obsolete after 2017)  
97: Invalid historical FORDS value  
98: Other

**PhI Radiation to Draining Lymph Nodes (COC)**

99: Unknown

***Administrative Notes***

New edit - added to NAACCR v18 metafile

**PhI Radiation to Draining Lymph Nodes (COC)**

Agency: COC

Last changed: 09/15/2018 14:59:53

*Edit Tag* N2539***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This data item identifies the draining lymph nodes treated (if any) during the first phase of radiation therapy delivered to the patient during the first course of treatment.

1. The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase I Radiation to Draining Lymph Nodes:  
00-08, 88, 99.  
  
00: No radiation treatment to draining lymph nodes.  
01: Neck Lymph Node Regions  
02: Thoracic Lymph Node Regions  
03: Neck and Thoracic Lymph Node Regions  
04: Breast/Chest wall Lymph Node Regions  
05: Abdominal Lymph Nodes  
06: Pelvic Lymph Nodes  
07: Abdominal and Pelvic Lymph Nodes  
08: Lymph Node Region, NOS  
88: Not Applicable; Phase I Radiation Primary Treatment Volume is lymph nodes  
99: Unknown if any Radiation Treatment to Draining Lymph Nodes;  
Unknown if radiation treatment administered

***Administrative Notes***

New edit - added to NAACCR v18 metafile

**Modifications**

NAACCR v18A

- Definition for code 00 updated, to no radiation treatment to draining lymph nodes.

**Phi Radiation Treatment Modality (COC)**

- Definition for code 88 updated to not applicable; Phase I radiation Primary Treatment Volume is lymph nodes.

## Phi Radiation Treatment Modality (COC)

Agency: COC

Last changed: 09/15/2018 14:36:08

Edit Tag N2540

### Edit Sets

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### Description

This data item identifies the radiation modality administered during the first phase of radiation treatment delivered during the first course of treatment.

1. The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase I Radiation Treatment Modality: 00-16, 99.

00: No radiation treatment  
01: External beam, NOS  
02: External beam, photons  
03: External beam, protons  
04: External beam, electrons  
05: External beam, neutrons  
06: External beam, carbon ions  
07: Brachytherapy, NOS  
08: Brachytherapy, intracavitary, LDR  
09: Brachytherapy, intracavitary, HDR  
10: Brachytherapy, Interstitial, LDR  
11: Brachytherapy, Interstitial, HDR  
12: Brachytherapy, electronic  
13: Radioisotopes, NOS  
14: Radioisotopes, Radium-223  
15: Radioisotopes, Strontium-89  
16: Radioisotopes, Strontium-90  
99: Radiation treatment modality unknown;  
Unknown if radiation treatment administered

### Administrative Notes

New edit - added to NAACCR v18 metafile

#### Modifications

NAACCR v18A

- Description updated, Radium-232 changed to Radium-223

## Phi Radiation Treatment Modality, Date DX (NAACCR)

## Phi Radiation Treatment Modality, Date DX (NAACCR)

Agency: NAACCR

Last changed: 08/07/2018 19:35:10

*Edit Tag* N3901

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

This edit checks that radiation items defined for 2018 are reported by standard setter requirements for diagnoses 1/1/2018 and later.

The edit is skipped if diagnosis date is blank (unknown) or invalid.

If the year of Date of Diagnosis is 2018 or later, Phase I Radiation Treatment Modality may not be blank.

### *Administrative Notes*

New edit - NAACCR v18 metafile

## Phi Total Dose (COC)

Agency: COC

Last changed: 02/21/2018 17:46:48

*Edit Tag* N2544

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

This data item identifies the total radiation dose delivered to the patient in the first phase of radiation treatment during the first course of treatment. The unit of measure is centiGray (cGy).

1. The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.

**PhI, II, III Radiation External Beam Planning Tech, CoC Flag (MCR/SEER)**

2. Must be right-justified, zero-filled..

3. Must be a valid code for Phase I Total Dose: 000000-999999.

000000: No therapy administered

000001-999997: Actual total dose delivered in cGy

999998: Not applicable, brachytherapy or radioisotopes administered to the patient

999999: Radiation therapy was administered, but the dose is unknown; Unknown whether radiation therapy was administered

***Administrative Notes***

New edit - added to NAACCR v18 metafile

**PhI, II, III Radiation External Beam Planning Tech, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/10/2019 11:00:20

Edit Tag MA4201

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks that Phase I Radiation External Beam Planning Tech, Phase II Radiation External Beam Planning Tech, and Phase III Radiation External Beam Planning Tech are coded consistently with each other.

- The edit is skipped for any of the following conditions:
  - Phase I Radiation External Beam Planning Tech, Phase II Radiation External Beam Planning Tech, and Phase III Radiation External Beam Planning Tech are all blank.
  - Diagnosis date pre-2019, blank (unknown), or invalid.
  - CoC Accredited Flag is not 1
- If Phase II Radiation External Beam Planning Tech is not blank, then Phase I Radiation External Beam Planning Tech cannot be blank.
- If Phase I Radiation External Beam Planning Tech = 00 (no radiation given), Phase II Radiation External Beam Planning Tech must = 00 or blank
- If Phase III Radiation External Beam Planning Tech is not blank, Phase II Radiation External Beam Planning Tech cannot be blank.
- If Phase II Radiation External Beam Planning Tech = 00 (no radiation given), Phase III Radiation External Beam Planning Tech must = 00 or blank



**Phi, II, III Radiation Modality, External Beam Planning Tech (MCR/COC)*****Administrative Notes***

New edit - NAACCR v18 metafile

**Modifications**

NAACCR v18C

- Default error message added
- Description, logic updated to skip if CoC Accredited Flag is not 1

18C: MCR modification is to skip for pre-2019 rather than pre-2018.

**Phi, II, III Radiation Modality, External Beam Planning Tech (MCR/COC)**

Agency: NONE

Last changed: 10/16/2019 14:26:19

Edit Tag MA3095

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit check consistency of coding for Radiation Treatment Modality and External Beam Planning Tech for all 3 phases of radiation.

1. The edit is skipped for the following conditions:
  - a. Phase I, II, and III Radiation Treatment Modality data items are all blank.
  - b. Phase I, II, and III Radiation External Beam Planning Tech data items are all blank.
  - c. Diagnosis date pre-2019, blank (unknown), or invalid.
2. For each phase of radiation, if Radiation Treatment Modality = 01-06 (external beam,  
Radiation External Beam Planning Tech must = 01-10, 98 (specified external beam planning techniques or other, NOS)
3. For each phase of radiation, if Radiation Treatment Modality = 13-16 (radioisotopes),  
Radiation External Beam Planning Tech must = 88 (not applicable)

**PhI, II, III Radiation Treatment Modality (MCR/SEER)****Administrative Notes**

New edit - NAACCR v18 metafile

**Modifications****NAACCR v18A**

- "Technique" in name and description changed to "Tech"
- Logic corrected , if (AT(#S"Phase Radiation Treatment Modality","01-06")) expanded to if (AT(#S"Phase III Radiation Treatment Modality","010203040506"))

**NAACCR v18C**

- Radiation Treatment Modality code requiring Radiation External Beam Planning Tech coded to 88 changed from 07-16 to 13-16.

**NAACCR v18D**

- Logic corrected, if (AT(#S"Phase III Radiation Treatment Modality","010203040506")) changed to if (AT(#S"Phase III Radiation Treatment Modality","010203040506",2))

18D: MCR modification is to skip for pre-2019 diagnoses rather than pre-2018.

**PhI, II, III Radiation Treatment Modality (MCR/SEER)**

Agency: NONE

Last changed: 04/09/2019 17:43:53

Edit Tag MA4928

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit checks that Phase I Radiation Treatment Modality, Phase II Radiation Treatment Modality, and Phase III Radiation Treatment Modality are coded consistently with each other.

1. The edit is skipped for any of the following conditions:
  - a. Phase I Radiation Treatment Modality, Phase II Radiation Treatment Modality, and Phase III Radiation Treatment Modality are all blank.
  - b. Diagnosis date pre-2019, blank (unknown), or invalid.
2. If Phase II Radiation Treatment Modality is not blank, then Phase I Radiation Treatment Modality cannot be blank.
3. If Phase I Radiation Treatment Modality = 00 (no radiation given), Phase II Radiation Treatment Modality must = 00 or blank
4. If Phase III Radiation Treatment Modality is not blank, Phase II Radiation Treatment Modality cannot be blank.

**PhII Dose per Fraction (COC)**

5. If Phase II Radiation Treatment Modality = 00 (no radiation given), Phase III Radiation Treatment Modality must = 00 or blank

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to skip pre-2019 instead of pre-2018.

**PhII Dose per Fraction (COC)**

Agency: COC

Last changed: 02/21/2018 17:46:48

Edit Tag N2545

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This data item records the dose per fraction (treatment session) delivered to the patient in the second phase of radiation during the first course of treatment. The unit of measure is centiGray (cGy).

1. The data item may be blank. Another edit checks consistency with radiation phases.

2. Must be right-justified, zero-filled.

3. Must be a valid code for Phase II Dose per Fraction: 00000-99999.

00000: Radiation therapy not administered

00001-99997: Actual Phase II dose delivered in cGy

99998: Not applicable, brachytherapy or radioisotopes administered to the

patient

99999: Phase II radiation therapy was administered but dose is unknown;

Unknown whether Phase II radiation therapy was administered.

***Administrative Notes***

New edit - added to NAACCR v18 metafile

## PhII Number of Fractions (COC)

**PhII Number of Fractions (COC)**

Agency: COC

Last changed: 02/21/2018 17:46:48

*Edit Tag* N2546***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Records the total number of fractions (treatment sessions) delivered to the patient in the second phase of radiation during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase II Number of Fractions: 000-999.

000: Radiation therapy was not administered

001-998: Number of fractions administered during second phase of radiation therapy

999: Radiation therapy administered but number of fractions unknown;  
Unknown if radiation therapy administered

***Administrative Notes***

New edit - added to NAACCR v18 metafile

**PhII Radiation External Beam Planning Tech (COC)**

Agency: COC

Last changed: 06/02/2018 13:24:32

*Edit Tag* N2548***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This field Identifies the radiation external beam planning technique used to administer the second phase of radiation treatment during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.

**PhII Radiation Primary Treatment Volume (COC)**

2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase II Radiation External Beam Planning Tech:  
00-10, 88, 98, 99.
  - 00: No radiation treatment
  - 01: External beam, NOS
  - 02: Low energy x-ray/photon therapy
  - 03: 2-D therapy
  - 04: Conformal or 3-D conformal therapy
  - 05: Intensity modulated therapy
  - 06: Stereotactic radiotherapy or radiosurgery, NOS
  - 07: Stereotactic radiotherapy or radiosurgery, robotic
  - 08: Stereotactic radiotherapy or radiosurgery, Gamma Knife (R)
  - 09: CT-guided online adaptive therapy
  - 10: MR-guided online adaptive therapy
  - 88: Not applicable
  - 98: Other, NOS
  - 99: Unknown whether radiation therapy administered

***Administrative Notes***

New edit - added to NAACCR v18 metafile

**PhII Radiation Primary Treatment Volume (COC)**

Agency: COC

Last changed: 02/21/2018 17:46:48

*Edit Tag* N2550

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This data item identifies the primary treatment volume or primary anatomic target treated during the second phase of radiation therapy during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase II Radiation Primary Treatment Volume:  
00-07, 09-14, 20-26, 29-32, 39-42, 50-68, 70-73, 80-86, 88, 90-99.
  - 00: No radiation treatment
  - 01: Neck lymph node regions
  - 02: Thoracic lymph node regions
  - 03: Neck and thoracic lymph node regions

**PhII Radiation Primary Treatment Volume (COC)**

04: Breast/ Chest wall lymph node regions  
05: Abdominal lymph nodes  
06: Pelvic lymph nodes  
07: Abdominal and pelvic lymph nodes  
09: Lymph node region, NOS  
10: Eye/orbit/optic nerve  
11: Pituitary  
12: Brain  
13: Brain (Limited)  
14: Spinal cord  
20: Nasopharynx  
21: Oral Cavity  
22: Oropharynx  
23: Larynx (glottis) or hypopharynx  
24: Sinuses/Nasal tract  
25: Parotid or other salivary glands  
26: Thyroid  
29: Head and neck (NOS)  
30: Lung or bronchus  
31: Mesothelium  
32: Thymus  
39: Chest/lung (NOS)  
40; Breast - whole  
41: Breast - partial  
42: Chest wall  
50: Esophagus  
51: Stomach  
52: Small bowel  
53: Colon  
54: Rectum  
55: Anus  
56: Liver  
57: Biliary tree or gallbladder  
58: Pancreas or hepatopancreatic ampulla  
59: Abdomen (NOS)  
60: Bladder - whole  
61: Bladder - partial  
62: Kidney  
63: Ureter  
64: Prostate - whole  
65: Prostate - partial  
66: Urethra  
67: Penis  
68: Testicle or scrotum  
70: Ovaries or fallopian tubes  
71: Uterus or Cervix  
72: Vagina  
73: Vulva  
80: Skull  
81: Spine/vertebral bodies  
82: Shoulder  
83: Ribs  
84: Hip  
85: Pelvic bones  
86: Pelvis (NOS, non-visceral)  
88: Extremity bone, NOS  
90: Skin  
91: Soft tissue

**PhII Radiation to Draining Lymph Nodes (COC)**

92: Hemibody  
 93: Whole body  
 94: Mantle, mini-mantle (obsolete after 2017)  
 95: Lower extended field (obsolete after 2017)  
 96: Inverted Y (obsolete after 2017)  
 97: Invalid historical FORDS value  
 98: Other  
 99: Unknown

***Administrative Notes***

New edit - added to NAACCR v18 metafile

**PhII Radiation to Draining Lymph Nodes (COC)**

Agency: COC

Last changed: 09/15/2018 14:41:37

*Edit Tag* N2547

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This data item identifies the draining lymph nodes treated (if any) during the second phase of radiation therapy delivered to the patient during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase II Radiation to Draining Lymph Nodes:  
00-08, 88, 99.

00: No radiation treatment to draining lymph nodes  
 01: Neck Lymph Node Regions  
 02: Thoracic Lymph Node Regions  
 03: Neck and Thoracic Lymph Node Regions  
 04: Breast/Chest wall Lymph Node Regions  
 05: Abdominal Lymph Nodes  
 06: Pelvic Lymph Nodes  
 07: Abdominal and Pelvic Lymph Nodes  
 08: Lymph Node Region, NOS  
 88: Not Applicable; Phase II Radiation Primary Treatment Volume is lymph nodes  
 99: Unknown if any Radiation Treatment to Draining Lymph Nodes;  
     Unknown if radiation treatment administered

**PhII Radiation Treatment Modality (COC)*****Administrative Notes***

New edit - NAACCR v18 metafile

NAACCR v18A

- Definition for code 00 updated, to no radiation treatment to draining lymph nodes.
- Definition for code 88 updates to not applicable; Phase I radiation Primary Treatment Volume is lymph nodes.

**PhII Radiation Treatment Modality (COC)**

Agency: COC

Last changed: 09/15/2018 14:42:44

Edit Tag N2549

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This data item identifies the radiation modality administered during the second phase of radiation treatment delivered during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase II Radiation Treatment Modality: 00-16, 99.

00: No radiation treatment  
 01: External beam, NOS  
 02: External beam, photons  
 03: External beam, protons  
 04: External beam, electrons  
 05: External beam, neutrons  
 06: External beam, carbon ions  
 07: Brachytherapy, NOS  
 08: Brachytherapy, intracavitary, LDR  
 09: Brachytherapy, intracavitary, HDR  
 10: Brachytherapy, Interstitial, LDR  
 11: Brachytherapy, Interstitial, HDR  
 12: Brachytherapy, electronic  
 13: Radioisotopes, NOS  
 14: Radioisotopes, Radium-223  
 15: Radioisotopes, Strontium-89  
 16: Radioisotopes, Strontium-90  
 99: Radiation treatment modality unknown;  
     Unknown if radiation treatment administered



**PhII Total Dose (COC)*****Administrative Notes***

New edit - added to NAACCR v18 metafile

Modifications

NAACCR v18A

- Description updated, Radium-232 changed to Radium-223

**PhII Total Dose (COC)**

Agency: COC

Last changed: 02/21/2018 17:46:48

*Edit Tag* N2551

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This data item identifies the total radiation dose delivered to the patient in the second phase of radiation treatment during the first course of treatment. The unit of measure is centiGray (cGy).

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase II Total Dose: 000000-999999.

000000: No therapy administered

000001-999997: Actual total dose delivered in cGy

999998: Not applicable, brachytherapy or radioisotopes administered to the patient

999999: Radiation therapy was administered, but the dose is unknown  
Unknown whether radiation therapy was administered

***Administrative Notes***

New edit - added to NAACCR v18 metafile

**PhIII Dose per Fraction (COC)**

Agency: COC

Last changed: 02/21/2018 17:46:48

*Edit Tag* N2552

**PhIII Number of Fractions (COC)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This data item records the dose per fraction (treatment session) delivered to the patient in the third phase of radiation during the first course of treatment. The unit of measure is centiGray (cGy).

1. The data item may be blank. Another edit checks consistency with radiation phases.

2. Must be right-justified, zero-filled.

3. Must be a valid code for Phase III Dose per Fraction: 00000-99999.

00000: Radiation therapy not administered

00001-99997: Actual Phase III dose delivered in cGy

99998: Not applicable, brachytherapy or radioisotopes administered to the patient

99999: Phase III radiation therapy was administered but dose is unknown

Unknown whether Phase III radiation therapy was administered.

***Administrative Notes***

New edit - added to NAACCR v18 metafile

**PhIII Number of Fractions (COC)**

Agency: COC

Last changed: 02/21/2018 17:46:48

Edit Tag N2553

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Records the total number of fractions (treatment sessions) delivered to the patient in the third phase of radiation during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.

2. Must be right-justified, zero-filled.

**PhIII Radiation External Beam Planning Tech (COC)**

3. Must be a valid code for Phase III Number of Fractions: 000-999.

000: Radiation therapy was not administered

001-998: Number of fractions administered during third phase of radiation therapy

999: Radiation therapy administered but number of fractions unknown;  
Unknown if radiation therapy administered

***Administrative Notes***

New edit - added to NAACCR v18 metafile

**PhIII Radiation External Beam Planning Tech (COC)**

Agency: COC

Last changed: 06/02/2018 13:24:53

*Edit Tag* N2555

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This field Identifies the radiation external beam planning Tech used to administer the third phase of radiation treatment during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase III Radiation External Beam Planning Tech:  
00-10, 88, 98, 99.

00: Radiation therapy not administered

01: External beam, NOS

02: Low energy x-ray/photon therapy

03: 2-D therapy

04: Conformal or 3-D conformal therapy

05: Intensity modulated therapy

06: Stereotactic radiotherapy or radiosurgery, NOS

07: Stereotactic radiotherapy or radiosurgery, robotic

08: Stereotactic radiotherapy or radiosurgery, Gamma Knife(R)

09: CT-guided online adaptive therapy

10: MR-guided online adaptive therapy

88: Not applicable

98: Other, NOS

99: Unknown whether radiation therapy administered

**PhIII Radiation Primary Treatment Volume (COC)*****Administrative Notes***

New edit - added to NAACCR v18 metafile

**PhIII Radiation Primary Treatment Volume (COC)**

Agency: COC

Last changed: 02/21/2018 17:46:48

Edit Tag N2557

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This data item identifies the primary treatment volume or primary anatomic target treated during the third phase of radiation therapy during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase III Radiation Primary Treatment Volume:  
00-07, 09-14, 20-26, 29-32, 39-42, 50-68, 70-73, 80-86, 88, 90-96, 98-99.

00: No radiation treatment  
 01: Neck lymph node regions  
 02: Thoracic lymph node regions  
 03: Neck and thoracic lymph node regions  
 04: Breast/ Chest wall lymph node regions  
 05: Abdominal lymph nodes  
 06: Pelvic lymph nodes  
 07: Abdominal and pelvic lymph nodes  
 09: Lymph node region, NOS  
 10: Eye/orbit/optic nerve  
 11: Pituitary  
 12: Brain  
 13: Brain (Limited)  
 14: Spinal cord  
 20: Nasopharynx  
 21: Oral Cavity  
 22: Oropharynx  
 23: Larynx (glottis) or hypopharynx  
 24: Sinuses/Nasal tract  
 25: Parotid or other salivary glands  
 26: Thyroid  
 29: Head and neck (NOS)  
 30: Lung or bronchus  
 31: Mesothelium  
 32: Thymus  
 39: Chest/lung (NOS)

**PhIII Radiation to Draining Lymph Nodes (COC)**

40: Breast - whole  
 41: Breast - partial  
 42: Chest wall  
 50: Esophagus  
 51: Stomach  
 52: Small bowel  
 53: Colon  
 54: Rectum  
 55: Anus  
 56: Liver  
 57: Biliary tree or gallbladder  
 58: Pancreas or hepatopancreatic ampulla  
 59: Abdomen (NOS)  
 60: Bladder - whole  
 61: Bladder - partial  
 62: Kidney  
 63: Ureter  
 64: Prostate - whole  
 65: Prostate - partial  
 66: Urethra  
 67: Penis  
 68: Testicle or scrotum  
 70: Ovaries or fallopian tubes  
 71: Uterus or Cervix  
 72: Vagina  
 73: Vulva  
 80: Skull  
 81: Spine/vertebral bodies  
 82: Shoulder  
 83: Ribs  
 84: Hip  
 85: Pelvic bones  
 86: Pelvis (NOS, non-visceral)  
 88: Extremity bone, NOS  
 90: Skin  
 91: Soft tissue  
 92: Hemibody  
 93: Whole body  
 94: Mantle, mini-mantle (obsolete after 2017)  
 95: Lower extended field (obsolete after 2017)  
 96: Inverted Y (obsolete after 2017)  
 98: Other  
 99: Unknown

***Administrative Notes***

New edit - added to NAACCR v18 metafile

**PhIII Radiation to Draining Lymph Nodes (COC)**

Agency: COC

Last changed: 09/15/2018 14:41:24

*Edit Tag* N2554

**PhIII Radiation Treatment Modality (COC)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This data item identifies the draining lymph nodes treated (if any) during the third phase of radiation therapy delivered to the patient during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.

2. Must be right-justified, zero-filled.

3. Must be a valid code for Phase III Radiation to Draining Lymph Nodes:  
00-08, 88, 99.

00: No radiation treatment to draining lymph nodes

01: Neck Lymph Node Regions

02: Thoracic Lymph Node Regions

03: Neck and Thoracic Lymph Node Regions

04: Breast/Chest wall Lymph Node Regions

05: Abdominal Lymph Nodes

06: Pelvic Lymph Nodes

07: Abdominal and Pelvic Lymph Nodes

08: Lymph Node Region, NOS

88: Not Applicable; Phase III Radiation Primary Treatment Volume is lymph nodes

99: Unknown if any Radiation Treatment to Draining Lymph Nodes;  
Unknown if radiation treatment administered

***Administrative Notes***

New edit - added to NAACCR v18 metafile

NAACCR v18A

- Definition for code 00 updated, to no radiation treatment to draining lymph nodes.

- Definition for code 88 updates to not applicable; Phase I radiation Primary Treatment Volume is lymph nodes.

**PhIII Radiation Treatment Modality (COC)**

Agency: COC

Last changed: 09/15/2018 14:43:05

Edit Tag N2556

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**PhIII Total Dose (COC)****Description**

This data item identifies the radiation modality administered during the third phase of radiation treatment delivered during the first course of treatment.

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase III Radiation Treatment Modality: 00-16, 99.

00: No radiation treatment  
 01: External beam, NOS  
 02: External beam, photons  
 03: External beam, protons  
 04: External beam, electrons  
 05: External beam, neutrons  
 06: External beam, carbon ions  
 07: Brachytherapy, NOS  
 08: Brachytherapy, intracavitary, LDR  
 09: Brachytherapy, intracavitary, HDR  
 10: Brachytherapy, Interstitial, LDR  
 11: Brachytherapy, Interstitial, HDR  
 12: Brachytherapy, electronic  
 13: Radioisotopes, NOS  
 14: Radioisotopes, Radium-223  
 15: Radioisotopes, Strontium-89  
 16: Radioisotopes, Strontium-90  
 99: Radiation treatment modality unknown  
     Unknown if radiation treatment administered

**Administrative Notes**

New edit - added to NAACCR v18 metafile

Modifications

NAACCR v18A

- Description updated, Radium-232 changed to Radium-223

**PhIII Total Dose (COC)**

Agency: COC

Last changed: 02/21/2018 17:46:48

Edit Tag N2558

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**PIN III ICDO3, Date of Diagnosis (SEER IF110)****Description**

This data item identifies the total radiation dose delivered to the patient in the third phase of radiation treatment during the first course of treatment. The unit of measure is centiGray (cGy).

1. The data item may be blank. Another edit checks consistency with radiation phases.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Phase III Total Dose: 000000-999999.

000000: No therapy administered

000001-999997: Actual total dose delivered in cGy

999998: Not applicable, brachytherapy or radioisotopes administered to the patient

999999: Radiation therapy was administered, but the dose is unknown; Unknown whether radiation therapy was administered

**Administrative Notes**

New edit - added to NAACCR v18 metafile

**PIN III ICDO3, Date of Diagnosis (SEER IF110)**

Agency: SEER

Last changed: 12/29/2009

Edit Tag N0714

**Edit Sets**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

**Description**

If year of Date of Diagnosis is blank, this edit is skipped.

If the year of Date of Diagnosis is greater than 2000 and Primary Site = C619 (Prostate) and Histologic Type ICD-O-3 = 8148 and Behavior Code ICD-O-3 = 2 (PIN III), an error is generated.

This edit should be used only by registries that do not collect and/or do not want to submit PIN III cases for diagnosis years beginning with 2001.

**Administrative Notes**

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.



## Place of Death--Country (NAACCR)

**Place of Death--Country (NAACCR)**

Agency: NAACCR

Last changed: 12/08/2014

*Edit Tag* N1670***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Place of Death--Country must contain a valid ISO code or standard custom code for country. May be blank.

***Administrative Notes***

New edit - added to NAACCR v13 metafile.

## Modifications

## NAACCR v15

Country code table (CNTRY\_ST.DBF) has been updated:

Brunei - 'BND' changed to 'BRN'

Czechoslovakia (former) - 'XCZ' changed to 'CSK'

Slovakia - 'SWK' changed to 'SVK'

Vanuatu - 'VLT' changed to 'VUT'

Yugoslavia (former) - 'XYG' changed to 'YUG'

Added Saint-Martin (French part) - 'MAF'

**Place of Death--Country, Vital Status (NPCR)**

Agency: NPCR

Last changed: 11/07/2012

*Edit Tag* N1702***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If Place of Death--Country is not blank, then Vital Status must = 0 (dead).

***Administrative Notes***

New edit - added to NAACCR v13 metafile.

## Place of Death--State (NAACCR)

**Place of Death--State (NAACCR)**

Agency: NAACCR

Last changed: 12/03/2012

*Edit Tag* N1674***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Place of Death--State must contain a valid ISO code or standard custom code for state. May be blank.

***Administrative Notes***

New edit - added to NAACCR v13 metafile.

**Place of Death--State, Vital Status (NPCR)**

Agency: NPCR

Last changed: 11/07/2012

*Edit Tag* N1701***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If Place of Death--State is blank, then Vital Status must = 1 (alive).  
If Place of Death--State is not blank, then Vital Status must = 0 (dead).

***Administrative Notes***

New edit - added to NAACCR v13 metafile.

**Pleural Effusion, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2672***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Pleural Effusion, Pleura, Summary Stage 2018 (NAACCR)****Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Pleural Effusion code or blank:

- 0: Pleural effusion not identified/not present
  - 1: Pleural effusion present, non-malignant (negative)
  - 2: Pleural effusion present, malignant (positive)
  - 3: Pleural effusion, atypical/atypical mesothelial cells
  - 4: Pleural effusion, NOS
  - 8: Not applicable: Information not collected for this case
  - 9: Not documented in medical record
- Pleural Effusion not assessed or unknown if assessed;

Another edit, Pleural Effusion, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

**Pleural Effusion, Pleura, Summary Stage 2018 (NAACCR)**

Agency: NAACCR

Last changed: 04/03/2019 14:31:04

Edit Tag N6074

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit verifies that Pleural Effusion SSDI is coded consistently with Summary Stage 2018 for Pleura.

1. This edit is skipped if any of the following conditions is true:

- a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
- b. Schema ID is not 00370
- c. Pleural Effusion is blank or 8 (not applicable)
- d. Summary Stage 2018 is blank

2. If Pleural Effusion = 2 (Pleural effusion positive for malignancy), Summary Stage 2018 must = 7 (distant)

**Pleural Effusion, Schema ID, Required (MCR/NAACCR)*****Administrative Notes***

New edit - NAACCR v18C metafile

**Pleural Effusion, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/09/2019 17:27:09

*Edit Tag* MA2869***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Pleural Effusion is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00370: Pleura

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to require the field 2019+ instead of 2018+.

**PR Summary, Breast, PR Percent, CoC Flag (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

*Edit Tag* N6121

**Primary Payer at DX (NPCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies consistency of coding of Progesterone Receptor Summary with Progesterone Receptor Percent Positive or Range.

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis is pre 2019, blank (unknown), or invalid.
  - b. Progesterone Receptor Summary is blank.
  - c. Progesterone Receptor Percent Positive or Range is blank or not applicable
  - d. CoC Accredited Flag is not 1
2. If Progesterone Receptor Percent Positive or Range = 001-100, R10-R99, then Progesterone Receptor Summary must not = 0 (negative).

***Administrative Notes***

New edit - NAACCR v18C metafile

**Primary Payer at DX (NPCR)**

Agency: NPCR

Last changed: 04/28/2007

Edit Tag N0811

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid code for Primary Payer at DX (01,02,10,20,21,31,35,60-68,99) or blank.

**Primary Payer at DX, Date of DX (MCR/SEER IF181)*****Administrative Notes***

This edit differs from the COC edit of the same name in that it allows the field to be blank.

**Modifications:**

NACR110C

07/24/06

Description only modified: reference to another edit ("Primary Payer at DX, Date of DX") that requires field to be filled in for 2005+ cases was deleted. (The edit "Primary Payer at DX, Date of DX (NPCR)" was deleted because NPCR is requiring Primary Payer at DX only when available.)

**Primary Payer at DX, Date of DX (MCR/SEER IF181)**

Agency: NONE

Last changed: 04/09/2019 17:23:16

*Edit Tag* MA1031

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If year of Date of Diagnosis is blank, this edit is skipped.

If Date of Diagnosis = 2019 or later, Primary Payer at DX cannot be blank.

***Administrative Notes***

New edit - added to NAACCR v11.3A metafile.

In the SEER\*Edits software, the title of this edit is: IF181

**Modifications:**

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

18C: MCR modification is to require the field 2019+ instead of 2007+.

**Primary Sclerosing Cholangitis, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:29:29

*Edit Tag* N2936

**Primary Sclerosing Cholangitis, Schema ID, Required, CoC Flag (MCR/SEER)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Primary Sclerosing Cholangitis code or blank:

0: PSC not identified/not present  
 1: PSC present  
 8: Not applicable: Information not collected for this case  
 9: Not documented in medical record  
     Primary Sclerosing Cholangitis not assessed or unknown if assessed

Another edit, Primary Sclerosing Cholangitis, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID.

***Administrative Notes***

New edit - NAACCR v18 metafile

## Primary Sclerosing Cholangitis, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 04/09/2019 17:14:31

Edit Tag MA3947

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Primary Sclerosing Cholangitis is required by SEER only if collected by

**Primary Site (SEER SITE)**

a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Primary Sclerosing Cholangitis is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema IDs:

00230: Bile Ducts Intrahepatic  
00250: Bile Ducts Perihilar

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to require the field 2019+ instead of 2018+.

**Primary Site (SEER SITE)**

Agency: SEER

Last changed: 05/14/2001

Edit Tag N0007

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be one of the topography codes defined by the International Classification of Diseases for Oncology, Second Edition or Third Edition. (The decimal point is dropped and the 'C' is required.)

**Primary Site, Behavior Code ICDO2 (MCR/SEER IF39)**

Agency: NONE

Last changed: 12/28/2018 15:02:00

Edit Tag MA2521

***Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
|---------------|--------------|-------------|



**Primary Site, Behavior Code ICDO3 (SEER IF39)**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

MCR-modified version of Primary Site, Behavior Code ICDO2 (SEER IF39) because it uses the necessary fields.

In situ ICDO2 behavior not allowed for vague primary sites (standard edit); benign and borderline behavior allowed for some sites as MCR requires 'benign brain tumors' for all years (MCR portion of the edit).

**Administrative Notes**

8/10/10

Removed USR4 flag.

v18B: added ICDO2 to edit name

**Primary Site, Behavior Code ICDO3 (SEER IF39)**

Agency: SEER

Last changed: 06/27/2008

Edit Tag N0476

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if BehaviorCode ICD-O-3 is empty.

The following primary sites with a behavior of in situ (Behavior Code ICD-O-3 = 2) require review. If the Over-ride Site/Behavior field contains a '1', no further checking is done.

|           |                                             |
|-----------|---------------------------------------------|
| C269      | Gastrointestinal tract, NOS                 |
| C399      | Ill-defined sites within respiratory system |
| C559      | Uterus, NOS                                 |
| C579      | Female genital tract, NOS                   |
| C639      | Male genital organs, NOS                    |
| C689      | Urinary system, NOS                         |
| C729      | Nervous system, NOS                         |
| C759      | Endocrine gland, NOS                        |
| C760-C768 | Ill-defined sites                           |
| C809      | Unknown primary site                        |

**Primary Site, CS Extension (SEER IF176)**

## Additional Information:

Since the designation of in situ is very specific and almost always requires microscopic confirmation, it is assumed that specific information should also be available regarding the primary site. Conversely, if inadequate information is available to determine a specific primary site, it is unlikely that information about a cancer being in situ is reliable. Therefore this edit does not allow an in situ behavior code to be used with specified organ system and ill-defined site codes.

Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary. Check the information available about primary site and histologic type carefully. If a specific in situ diagnosis is provided, try to obtain a more specific primary site. A primary site within an organ system may sometimes be assumed based on the diagnostic procedure or treatment given or on the histologic type. If no more specific site can be determined, it is probably preferable to code a behavior code of 3.

## EXAMPLE

|                   |                   |
|-------------------|-------------------|
| PRIMARY SITE CODE | C55.9, UTERUS NOS |
| BEHAVIOR CODE     | 2                 |

The abstract reads, "Uterine D&C with squamous cell carcinoma in situ". The category "Uterus, NOS" is to be used when it cannot be determined whether a cancer arose in the cervix or corpus uteri. Based on the histologic type and diagnostic procedure, the most likely site in this case is cervix uteri rather than corpus. Change the primary site code to C53.9, Cervix uteri.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF39\_3

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

## Modifications:

NAACCR v11.3  
6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

**Primary Site, CS Extension (SEER IF176)**

Agency: SEER

Last changed: 05/16/2018 23:55:54

Edit Tag N0851

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Primary Site, CS Extension (SEER IF176)****Description**

The edit is skipped if any of the following conditions is true:

- 1) Over-ride Site/EOD/Dx Dt contains a '1' (review complete)
- 2) Year of Date of Diagnosis is less than 2004 or greater than 2017 or is blank or invalid
- 3) Histologic Type ICD-O-3 equals 9140 (Kaposi Sarcoma)
- 4) Histologic Type ICD-O-3 greater than or equal to 9590 (lymphoma, leukemia, or other lymphoreticular neoplasm)
- 5) Behavior Code ICD-O-3 equals 2 (in situ)

If CS Extension equals 100-300 (localized disease) and CS Mets at DX equals 00 or 99, the

following Primary Site codes require review:

C069 Mouth, NOS  
C260-C269 Other and ill-defined digestive organs  
C390-C399 Other and ill-defined respiratory or intrathoracic sites  
C409, C419 Bone, NOS  
C579 Female genital system, NOS  
C639 Male genital organs, NOS

If CS Extension= 100-320 (localized disease) and CS Mets at DX equals 00 or 99, the following

Primary Site codes require review:

C479 Peripheral nerves, NOS  
C499 Connective tissue, NOS

If CS Extension= 100-400 (localized disease) and CS Mets at DX equals 00 or 99, the following

Primary Site codes require review:

C189 Colon, NOS and not histology 8210, 8220, 8261 and 8263  
C559 Uterus, NOS

**Administrative Notes**

In the SEER\*Edits software, the title of this edit is: IF176

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Hematopoietic end range code was changed from 9989 to 9992.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v18

- Description, logic modified to skip if diagnosis year > 2017
- Failure on invalid date changed to skip

Primary Site, Heme Morph, DateDX, NoOverride (SEER)

**Primary Site, Heme Morph, DateDX, NoOverride (SEER)**

Agency: SEER

Last changed: 12/01/2018 15:23:44

*Edit Tag* N2021***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit validates the coding of primary site by histology based on the Hematopoietic and Lymphoid Neoplasm Coding Manual and Database. For cases diagnosed 2010 and later, specific histology codes are allowed only for specified sites. One combination (9823/C420, C421, C424) is allowed only for cases diagnosed prior to 2010. The combination of 9761/C420 is allowed only for cases diagnosed prior to 2018.

The histology/primary site combinations in this edit are not overridable.

**Sources:**

- Hematopoietic and Lymphoid Neoplasm Database & Coding Manual (Appendix E)
- 2015 Implementation Guidelines and Recommendations (Appendix B)

This edit is skipped if any of the following conditions is true:

1. Primary Site is blank
2. Histologic Type ICD-O-3 is blank or not in range 9590-9992
3. Behavior Code ICD-O-3 is blank or not = 3
4. Date of Diagnosis is blank or invalid

If year of diagnosis is less than 2010, the following Histologic Type ICD-O-3 codes (with Behavior ICD-O-3 code 3) are allowed only for the listed Primary Site codes:

9823: C420, C421, C424

If year of diagnosis is 2010 or later, the following Histologic Type ICD-O-3 codes (with Behavior ICD-O-3 code 3) are allowed only for the listed Primary Site codes:

9732, 9741, 9742, 9800, 9801, 9806-9809, 9820, 9826, 9831-9834, 9840, 9860, 9861, 9863, 9865-9867, 9869-9876, 9891, 9895-9898, 9910, 9911, 9920, 9931, 9940, 9945, 9946, 9948, 9950, 9961-9967, 9975, 9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992  
C421

9590, 9591, 9596, 9597, 9650-9653, 9655, 9659, 9663, 9671, 9673, 9678, 9680, 9687, 9688, 9690, 9691, 9695, 9698, 9700-9702, 9705, 9708, 9709, 9712, 9714, 9717-9719, 9724-9727, 9735, 9737,

**Primary Site, Heme Morph, DateDX, NoOverride (SEER)**

9738, 9740, 9751, 9755-9759, 9762, 9811-9818, 9823, 9827, 9837, 9971  
Not C420, C423, C424

9679: C381-C383 or C379

9689: C422

9699: Not C420, C422, C423, C424

9716: C422

9731: C400-C419

9734: Not C400-C419, C420, C423, C424

9930: Not C420, C421, C423, C424

If year of diagnosis is 2010-2017, the following Histologic Type ICD-O-3 codes  
(with  
Behavior ICD-O-3 code 3) are allowed only for the listed Primary Site codes:

9761: C420 - vice versa is also true: If Primary Site is C420, then Histologic Type  
ICD-O-3  
must = 9761.

If year of diagnosis is 2018 or later, the following Histologic Type ICD-O-3 codes  
(with  
Behavior ICD-O-3 code 3) are allowed  
only for the listed Primary Site codes:

9761: C421. C420 is not allowed for any Histologic Type ICD-O-3 code 9590-9992.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF348

**Modifications:****NAACCR v13:**

- Edit name changed from 'Primary Site, Morphology, Date of DX (SEER)' to 'Primary Site, Hemato Morphology, Date of DX (SEER)'.

- Edit modified to check that, for cases diagnosed 2010 and later, specific histology codes are allowed only for specified sites.

(Earlier version of this edit checked only: for 2010+, if histology = 9731/3, site must = C400-C419.)

- Edit also checks for cases diagnosed prior to 2012, that 9823/3 is allowed only for C420, C421, C424.

- Over-ride removed from the edit

**NAACCR v13A**

- Edit changed to limit Histologic Type ICD-O-3 code 9823 to C420, C421, and C424 for cases diagnosed prior to 2010; previous

version (NAACCR v13) of this edit incorrectly checked diagnosis year 2012

**Primary Site, Heme Morph, DateDX, Override (SEER)**

- Added reference to SEER IF348 in Administrative Notes

**NAACCR v14**

- Over-ride added to edit: edit will be skipped if Over-ride Site/Type = 1, indicating the case has already been reviewed and accepted as coded

**NAACCR v15**

- Edit name changed from 'Primary Site, Hemato Morphology, Date of DX (SEER)' to 'Primary Site, Heme Morph, DateDX, NoOverride(SEER)'. This edit includes primary site/histology/diagnosis date combinations that are not over-rideable. Combinations that are over-rideable have been moved into a separate edit: 'Primary Site, Heme Morph, DateDX, Override (SEER)'

- Obsolete codes removed from edit since they will already fail 'Obsolete Histology ICDO3, Date of DX (SEER)'

- Histologies regrouped to match documentation from SEER

**NAACCR v18**

- Description, logic, error messages updated, for hematopoietic cases diagnosed 2018 and later, 9761 (Waldenstrom Macroglobulinemia) coded to C421, bone marrow, no hematopoietic cases coded to C420, blood.

- Name changed, space before (SEER)

## Primary Site, Heme Morph, DateDX, Override (SEER)

Agency: SEER

Last changed: 02/07/2018 22:11:11

Edit Tag N2022

### Edit Sets

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### Description

This edit complements the edit 'Primary Site, Morphology-Type, Beh ICDO3 (SEER IF25)' which is based on the ICD-O-3 SEER Site/Histology Validation List and requires review of unusual site/histology/behavior combinations. 'Primary Site, Morphology-Type, Beh ICDO3 (SEER IF25)' does not check diagnosis year. This edit checks diagnosis year and narrows the list of preferred site codes for some hematopoietic histologies for cases diagnosed 2010 and later. Cases with primary sites that are not included in the preferred list must be reviewed. If upon review the site/type combination is found to be accurate and in conformance with coding rules, it may be left as coded and the Over-ride-Site/Type flag coded to 1.

This version of the edit includes the over-ride field 'Over-ride Site/Type' and should run at the central registry level. The hospital registry version of this edit is 'Primary Site, Heme Morph, DateDX, Override (COC)' and includes the hospital level field 'Over-ride COC-Site/Type' instead of the central registry field 'Over-ride Site/Type.'

**Primary Site, Heme Morph, DateDX, Override (SEER)**

## Sources:

- Hematopoietic and Lymphoid Neoplasm Database & Coding Manual (Appendix E)
- 2015 Implementation Guidelines and Recommendations, Appendix B, Table 3

This edit is skipped if any of the following conditions is true:

1. Primary Site is blank
2. Histologic Type ICD-O-3 is blank or not in range 9590-9992
3. Behavior Code ICD-O-3 is blank or not = 3
4. Date of Diagnosis is blank or invalid
5. Over-ride Site/Type = 1

If year of diagnosis is 2010 or later, the following Primary Site codes are the preferred codes for use with the listed Histologic Type ICD-O-3 codes. If other Primary Site codes are coded and, after review, determined to be correct, the Over-ride Site/Type should be set to '1'.

9650, 9651, 9652, 9653, 9655, 9659, 9663, 9688  
C770-C779

9597, 9700, 9701, 9709, 9718, 9725  
C440-C449, C510-C512, C518-C519, C600-C602, C608-C609, C632

9708, 9726  
C440-C449, C490-C499, C510-C512, C518-C519, C600-C602, C608-C609, C632

9719  
C050-C059, C110-C119, C300-C301, C310-C319

9751  
C340-C349, C400-C419, C421, C440-C449, C490-C499, C770-C779

***Administrative Notes***

New edit - added to NAACCR v15 metafile.

In the SEER\*Edits software, the title of this edit is: IF510

This SEER edit differs from the COC edit of the same name as follows:

- This edit includes the over-ride field 'Over-ride Site/Type' and should be run by central registries. The COC version of the edit, 'Primary Site, Heme Morph, DateDX, Override (COC),' includes the over-ride field 'Over-ride COC-Site/Type' instead of the central registry field 'Over-ride Site/Type' and should be run at the facility level.

Some of this edit logic was previously included in the edit 'Primary Site, Hemato Morphology, Date of DX (SEER)', which has now been split into two edits, 'Primary Site, Heme Morph, DateDX, NoOverride(SEER)', which includes non over-rideable site/histology combinations, and this edit (COC and SEER versions) which allows a case to be reviewed and an over-ride flag to be set to '1' if the case is accurate as coded.

## Modifications:

## NAACCR v15A

- Logic fixed so that it will no longer inappropriately pass for 9719: it will now fail whenever Primary Site is not C050-C059, C110-C119, C300-C301, C310-C319

Primary Site, Laterality (SEER IF82)

## Primary Site, Laterality (SEER IF82)

Agency: SEER

Last changed: 01/21/2010

*Edit Tag* N0390

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

If Primary Site C342 (lung, middle lobe), Laterality cannot = 2 (left) or, if year of Date of Diagnosis > 2006 and is not blank, Laterality cannot = 4 (bilateral).

### *Administrative Notes*

In the SEER\*Edits software, the title of this edit is: IF82

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v11.3A

Added: If Primary Site C342 and year of Diagnosis is > 2006, Laterality cannot = 4.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

## Primary Site, Laterality, CS Extension (SEER IF177)

Agency: SEER

Last changed: 05/16/2018 23:57:46

*Edit Tag* N0864

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

This edit is skipped if any of the following conditions is true:

1. Over-ride Site/Lat/EOD field contains a '1' (review complete)
2. Year of Date of Diagnosis is less than 2004 or greater than 2017, or is blank or invalid
3. Histologic Type ICD-O-3 = 9140, 9590-9992
4. If year of diagnosis = 2016-2017 and CS Extension is blank



**Primary Site, Laterality, CS Extension (SEER IF177)**

For the purpose of this edit the following sites are considered paired organs:

|           |                                                                             |
|-----------|-----------------------------------------------------------------------------|
| C079      | Parotid gland                                                               |
| C080      | Submandibular gland                                                         |
| C081      | Sublingual gland                                                            |
| C090      | Tonsillar fossa                                                             |
| C091      | Tonsillar pillar                                                            |
| C098-C099 | Tonsil, NOS                                                                 |
| C301      | Middle ear                                                                  |
| C310      | Maxillary sinus                                                             |
| C312      | Frontal sinus                                                               |
| C341-C349 | Lung                                                                        |
| C384      | Pleura                                                                      |
| C400      | Long bones of upper limb, scapula and associated joints                     |
| C401      | Short bones of upper limb and associated joints                             |
| C402      | Long bones of lower limb and associated joints                              |
| C403      | Short bones of lower limb and associated joints                             |
| C441      | Skin of eyelid                                                              |
| C442      | Skin of external ear                                                        |
| C446      | Skin of upper limb and shoulder                                             |
| C447      | Skin of lower limb and hip                                                  |
| C471      | Peripheral nerves and autonomic nervous system of upper limb and shoulder   |
| C472      | Peripheral nerves and autonomic nervous system of lower limb and hip        |
| C491      | Connective, subcutaneous, and other soft tissues of upper limb and shoulder |
| C492      | Connective, subcutaneous, and other soft tissues of lower limb and hip      |
| C500-C509 | Breast                                                                      |
| C569      | Ovary                                                                       |
| C570      | Fallopian tube                                                              |
| C620-C629 | Testis                                                                      |
| C630      | Epididymis                                                                  |
| C631      | Spermatic cord                                                              |
| C649      | Kidney, NOS                                                                 |
| C659      | Renal pelvis                                                                |
| C669      | Ureter                                                                      |
| C690-C699 | Eye                                                                         |
| C740-C749 | Adrenal gland                                                               |
| C754      | Carotid body                                                                |

For the above paired organ sites:

If the Laterality is '9', (no information concerning laterality), CS Extension cannot specify in situ or localized.

If Laterality is '4' (bilateral involvement, lateral origin unknown: stated to be a single primary), CS Extension cannot specify in situ or localized except for C090 (Tonsillar fossa), C091 (Tonsillar pillar), C098-C099 (Tonsil, NOS), C569 (Ovary), C570 (fallopian tube), C649 (Kidney, NOS) and C692 (Retina).

There is an additional exception for cases diagnosed 2010 or later:

**Primary Site, Laterality, CS Extension (SEER IF177)**

If Primary Site = C340-C349 (lung), CS Extension may = 000-300 only if CS Mets at DX = {23, 25, 26, 36, 38, 40, 41, 42, 43, 50, 51, 52, 53, 70, 75}.

In situ or localized is coded in the CS Extension field as follows:

000-100 for sites C500-C509 (breast)

000-310 for sites C620-C629 (testis)

000-320 for sites C471 (Peripheral nerves and autonomic nervous  
system of upper limb and shoulder)

C472 (Peripheral nerves and autonomic nervous system of lower limb and hip)

C491 (Connective, subcutaneous, and other soft  
tissues of upper limb and shoulder)

C492 (Connective, subcutaneous, and other soft  
tissues of lower limb and hip

000-400 for sites C690-C699 (eye)

000-300 for all other paired organ sites listed above

## ***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF177

MODIFICATIONS:

NAACCR v11.1A

3/2007

The edit was modified to include C570 (fallopian tube) in the list of paired sites that are exceptions to "if Laterality is '4' (bilateral involvement, lateral origin unknown: stated to be a single primary), CS Extension cannot specify in situ or localized".

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Hematopoietic end range code was changed from 9989 to 9992.
- Length of CS Extension changed from 2 to 3 characters.

NAACCR v13

Added:

There is an additional exception for cases diagnosed 2010 or later:

If Primary Site = C340-C349 (lung), CS Extension may = 000-300 only if CS Mets at DX = {23, 25, 26, 36, 38, 40, 41, 42, 43, 50, 51, 52, 53, 70, 75}.

NAACCR v16

- Modified to skip if year of diagnosis = 2016 and CS Extension is blank.

NAACCR v16A

**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

- Logic changed to match description, edit skipped if year of diagnosis is 2016, original logic included skip if year of diagnosis > 2015.

## NAACCR v16D

- Description, logic modified to skip if diagnosis year = 2016-2017

## NAACCR v18

- Name changed, space before (SEER)  
 - Description, logic modified to skip if diagnosis year > 2017  
 - Failure on invalid date changed to skip

**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

Agency: COC

Last changed: 04/08/2018 18:25:02

*Edit Tag N2336*

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

TNM Clin M and TNM Path M may be blank. If TNM Clin M is entered, it will be edited by criteria below. If TNM Path M is entered, it will be edited by criteria below.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07 and not = 88
6. TNM Clin M and TNM Path M are both blank

The allowable values for

Clin M: (blank), c0, c0I+, c1, c1A, C1B, c1C, c1D, c1E, p1, p1A, p1B, p1C, p1D, p1E, 88

Path M: (blank), c0, c0I+, c1, c1A, C1B, c1C, c1D, c1E, p1, p1A, p1B, p1C, p1D, p1E, 88

This edit checks the subset of values that are valid for each of the site/histology groups that have a TNM M defined and checks for "88" if the site/histology group does not have a TNM M defined.

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM

**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

## Edition

Number = 88, TNM Clin M = 88 or blank, TNM Path M = 88 or blank, and Over-ride Site/TNM-Stgrp = 1 if the patient is under 25 years old. Other edits, Primary Site, AJCC Stage Group 2016 - Ed 7 (COC) and Primary Site, Stage Group 2016 - Ed 7 (NPCR), check that the over-ride is not set for Age at Diagnosis > 24.

The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies for which M is defined. The site-specific TNM values are listed below for each group or subgroup. The edit checks that "c" or "p" precedes the value given for both the Clin M and Path M except for "88" and blank.

The list of site/hist specific valid values does not list the appropriate c and p but the edit checks for it. For Clin M unless stated otherwise, the list of valid values can have either a "c" or "p" and for Path M all values can have either a "c" or "p" except p0 (pM0), which is not valid for either the Clin or Path evaluation for any site/hist. This edit allows a blank as a valid code for either the Clin M or Path M.

For example if the documentation shows: M: 0,1

Then the case passes for:

Clin M: c0, c1, p1, (blank)

Path M: c0, c1, p1, (blank)

Breast lists both a clin and path set of values because c0I+ (cM0I+) is only valid for breast  
Clin or Path M and p0I+ is not valid.

The sites/histologies for each group are listed in the EditWriter table AC7G2016.DBF, except as noted below where special logic in this edit is used to assign or reassign sites/histologies to a specified group number.

**3. Lip and Oral Cavity**

## Sites:

C000-C006, C008, C009

C020-C023, C028, C029

C030, C031, C039

C040, C041, C048, C049

C050, C058, C059

C060-C062, C068, C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

0,1

## 4. Pharynx

## 4A. Oropharynx and Hypopharynx

## Sites:

C019, C024  
C051-C052  
C090-C091, C098-C099  
C100, C102-C104, C108-C109  
C129  
C130-C132, C138-C139

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM M:

0,1

## 4B. Nasopharynx

## Sites:

C110, C112-C113, C118-C119

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## 4C. Nasopharynx

## Sites:

C111

## Discriminator (CS Site-Specific Factor25):

010

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM M:

0,1

## 4D. Oropharynx - Pharyngeal Tonsil

## Sites:

C111

## Discriminator (CS Site-Specific Factor25):

020

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 4D from 4C based on Site-Specific Factor 25

## TNM M:

0,1

## 5. Larynx

## 5A. Supraglottis, Subglottis, Other

## Sites:

C101, C321-C322

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

TNM M:  
0,1

## 5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM M:  
0,1

NOTE: TNM M 88 allowed for C328-C329

## 6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:  
0,1

## 7. Major Salivary Glands

Sites:

C079

C080,C081,C088,C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM M:  
0,1, 88

## 8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

Site/histologies are assigned to group 8A from group 8 based on grade, age at diagnosis

TNM M:  
0,1, 88

**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999  
Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,  
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8B from group 8 based on grade, age at diagnosis

TNM M:

0,1, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,  
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8C from group 8 based on grade, age at diagnosis

TNM M:

0,1, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM M:

0,1, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM M:

0,1

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

Site/histologies are assigned to group 8F from group 8 and group 8D based on grade

TNM M:

0,1

**9. Mucosal Melanoma of the Head and Neck**

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109

C110-C113, C118-C119

C129, C130-C132

C138-C139

C140, C142, C148

C300

C310-C311

C320-C323, C328-C329

Histologies Requiring AJCC Staging:

8720-8790

TNM M:

0,1, 88

**10. Esophagus and Esophagus Gastric Junction****10A. Esophagus**

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

**10B. Esophagus Gastric Junction**

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162)

Site/histologies are assigned to group 10B from group 11 based on site and site-specific factor

25 as well as table lookup

TNM M:

0,1



**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

## 11. Stomach

## Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =  
000, 030, 999

C163-C166, C168-C169

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

## TNM M:

0,1

## 12. Small Intestine

## Sites:

C170-C172, C178-C179

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

## TNM M:

0,1

## 13. Appendix

## 13A. Appendix: Carcinoma

## Sites:

C181

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

## TNM M:

0,1,1A,1B

## 13B. Appendix: Carcinoid

## Sites:

C181

## Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

## TNM M:

0,1, 88

## 14. Colon and Rectum

## Sites:

C180, C182-C189

C199

C209

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

## TNM M:

0,1,1A,1B

**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

## 15. Anus

## Sites:

C210-C212, C218

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

## TNM M:

0,1

## 16. Gastrointestinal Stromal Tumor (GIST)

## 16A. GIST: Gastric

## Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

## Histologies Requiring AJCC Staging:

8935-8936

Sites/histologies are assigned to group 16A from group 16B based on site-specific factor 10

as well as table lookup

## TNM M:

0,1, 88

## 16B. GIST: Small Intestine

## Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

## Histologies Requiring AJCC Staging:

8935-8936

## TNM M:

0,1, 88

## 17. Neuroendocrine Tumors (NET)

## 17A. NET: Stomach

## Sites:

C160-C169

## Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

## TNM M:

0,1

## 17B. NET: Small Intestine and Ampulla of Vater

## Sites:

C170-C179

C241

## Histologies Requiring AJCC Staging:

**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

8153, 8240-8242, 8246, 8249

TNM M:

0,1, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM M:

0,1, 88

18. Liver

Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM M:

0,1,88

19. Intrahepatic Bile Ducts

Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM M:

0,1

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 20 from group 21 based on site-specific factor 25

as well as table lookup

TNM M:

0,1

21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,  
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:

**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

0,1

## 22. Distal Bile Duct

## Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 22 from group 21 based on site-specific factor 25

as well as table lookup

## TNM M:

0,1

## 23. Ampulla of Vater

## Sites:

C241

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

## TNM N:

## TNM M:

0,1

## 24. Exocrine and Endocrine Pancreas

## Sites:

C250-C254, C257-C259

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

## TNM M:

0,1

## 25. Lung

## Sites:

C340-C343, C348, C349

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM M:

0,1,1A,1B

## 26. Pleural Mesothelioma

## Sites:

C384

## Histologies Requiring AJCC Staging:

9050-9053

## TNM M:

**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

0,1

## 27. Bone

## Sites:

C400-C403, C408-C409

C410-C414, C418-C419

## Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

## TNM M:

0,1,1A,1B

## 28. Soft Tissue Sarcoma

## Peritoneum - not female

## Sites:

C481-C482, C488

## Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Sex is 1, 3-5, 9 (not female)

## Peritoneum - female

## Sites:

C481-C482, C488

## Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

Sex is 2, 6 (female)

## HeartMediastinum, Soft Tissue

## Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

## Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

## Retroperitoneum

## Sites:

C480

## Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Specific sites/histologies assigned to group 28 based on sex

## TNM M:

0,1

NOTE: TNM M 88 allowed for Mesothelioma, 9050-9055

## 29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

## Sites:

C440, C442-C449, C632

**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM M:

0,1

## 30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,  
C510-C512, C518-C519  
C600-C602, C608-C609  
C632

Histologies Requiring AJCC Staging:

8247

TNM M:

0,1,1A,1B,1C

## 31. Melanoma of the Skin

Sites:

C440-C449  
C510-C512,C518,C519  
C600-C602, C608, C609  
C632

Histologies Requiring AJCC Staging:

8720-8790

TNM M:

0,1A,1B,1C

## 32. Breast

Sites:

C500-C506,C508,C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

TNM M:

Clin: 0,0I+,1

Path: 1

## 33. Vulva

Sites:

C510-C512,C518,C519

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM M:

0,1

## 34. Vagina

Sites:

**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

TNM M:

0,1

## 35. Cervix Uteri

Sites:

C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

## 36. Corpus Uteri

## 36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

TNM M:

0,1

## 36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM M:

0,1, 88

## 36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM M:

0,1, 88

## 37. Ovary and Peritoneal Carcinomas

## 37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM M:

0,1, 88

**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

## 37B. Peritoneal Carcinomas

## Sites:

C481-C482, C488

Sex = 2,6 (female)

## Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

Sex code checked for assignment to group 37B

## TNM M:

0,1

NOTE: TNM M 88 allowed for Mesothelioma, 9050-9055

## 38. Fallopian Tube

## Sites:

C570

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM M:

0,1

## 39. Gestational Trophoblastic Tumors

## Sites:

C589

## Histologies Requiring AJCC Staging:

9100-9105

## TNM M:

0,1,1A,1B,88

## 40. Penis

## Sites:

C600-C602,C608,C609

## Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

## TNM M:

0,1

## 41. Prostate

## Sites:

C619

## Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

## TNM M:

0,1,1A,1B,1C, 88

## 42. Testis



**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

## Sites:

C620,C621,C629

## Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

## TNM M:

0,1,1A,1B

## 43. Kidney

## Sites:

C649

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM M:

0,1, 88

## 44. Renal Pelvis and Ureter

## Sites:

C659

C669

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM M:

0,1

## 45. Urinary Bladder

## Sites:

C670-C679

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM M:

0,1

## 46. Urethra

## Sites:

C680

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM M:

0,1

## 47. Adrenal

## 47A. Adrenal Cortex

## Sites:

C740

**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM M:

0,1, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM M:

0,1, 88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM M:

0,1

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010)

Histologies Requiring AJCC Staging:

8720-8790

**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

Sites/histologies are assigned to group 51A from group 51 based on site-specific factor 25

TNM M:

0,1,1A,1B,1C

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51B from group 51 based on site-specific factor 25

TNM M:

0,1,1A,1B,1C

52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

TNM M:

0,1,1A,1B,1C,1D,1E

53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

0,1,88

54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM M:

0,1, 88

55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM M:

**Primary Site, M 2016 - Ed 7 (COC-NPCR)**

0,1A,1B,1C

## 56. Brain and Spinal Cord

## Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

## Histologies Requiring AJCC Staging:

8000, 8680-9136, 9141-9582

## TNM M:

88

## 57. Lymphoid Neoplasms

## 57A. Hodgkin and Non-Hodgkin

## Sites:

C000-C440, C442-C689, C691-C694, C698-C809

## Histologies Requiring AJCC Staging:

9590-9699, 9702-9727, 9735, 9737-9738

## Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

## Histologies Requiring AJCC Staging:

9811-9818, 9823, 9827, 9837

Sites/histologies are assigned to group 57A based on combinations of site and histology

## TNM M:

88

## 57B. Primary Cutaneous Lymphomas

## Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

## Histologies Requiring AJCC Staging:

9700, 9701

## TNM M:

0,1

## 57C. Lymphoid/Hematopoietic

## Sites:

C420, C421, C424

## Histologies Requiring AJCC Staging:

9811-9818, 9837

## TNM M:

88

## All Others

## TNM M:

88

**Primary Site, Morphology-Imposs ICDO3 (SEER IF38)*****Administrative Notes***

New edit - added to NAACCR v16 metafile.

This edit differs from the SEER edit of the same name in that it excludes MNOS categories that are not included in AJCC 7th Edition (Melanoma M1, Ocular Adnexal Lymphoma M1).

**Modifications****NAACCR v16A**

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Corrected Description and Edit Logic to include 9727 as lymphoma rather than lymphoma/hematopoietic code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, TNM M 88.

**NAACCR V16B**

- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

**NAACCR v16D**

- Description, logic updated to allow clinical and pathologic TNM M 88 for mesothelioma, 9050-9055, site/histo group 028
- Removed substring variable declarations from logic, not used
- Description, logic updated to allow clinical and pathologic TNM M 88 for C32.8 and C32.9, site/histo group 05B

**NAACCR v16E**

- Information describing difference from SEER edit moved from Description to Administrative Notes
- Over-ride added to allow code of 88 for pediatric case not assigned AJCC stage for site/histology; Description updated to reflect inclusion of over-ride

**NAACCR v18**

- Description, logic updated to allow 88 for peritoneal mesothelioma of female, site/histo group 37B

**Primary Site, Morphology-Imposs ICDO3 (SEER IF38)**

Agency: SEER

Last changed: 02/12/2014

*Edit Tag* N0446

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Histologic Type ICD-O-3 is empty.

**Primary Site, Morphology-Imposs ICDO3 (SEER IF38)**

The site/histology combinations on the following list are considered to be impossible:

C000-C709, C728-C750, C752, C754-C809  
9440, 9441, 9442 (glioblastomas)

C480-C488 (Retroperitoneum & peritoneum)  
8720-8790 (Melanomas)

C300 (Nasal cavity)  
9250-9342 (Osteosarcomas--Giant cell, Ewing's, odontogenic)

C301 (Middle ear)  
9250-9342 (Osteosarcomas--Giant cell, Ewing's, odontogenic)

C310-C319 (Accessory sinuses)  
9250-9342 (Osteosarcomas--Giant cell, Ewing's, odontogenic)

C381, C382, C384, C388 (Pleura and mediastinum)  
8010-8245, 8247-8671, 8940-8941 (Carcinomas)  
8720-8790 (Melanomas)

C383 (Mediastinum, NOS)  
8010-8231, 8241-8245, 8247-8671, 8940-8941 (Carcinomas)  
8720-8790 (Melanomas)

C470-C479 (Peripheral nerves)  
8010-8671, 8940-8941 (Carcinomas)  
8720-8790 (Melanomas)

C490-C499 (Connective tissue)  
8720-8790 (Melanomas)

C700-C709 (Meninges)  
8010-8671, 8940-8941 (Carcinomas)

C710-C719 (Brain)  
8010-8060, 8071-8671, 8940-8941 (Carcinomas)

C720-C729 (Other central nervous system)  
8010-8671, 8940-8941 (Carcinomas)

C400-C419 (Bone)  
8010-8060, 8075-8671, 8940-8941 (Carcinomas, except squamous cell)  
8720-8790 (Melanomas)

C760-C768 (Ill-defined sites)  
8720-8790 (Melanomas)  
8800-8811, 8813-8830, 8840-8921, 9040-9044 (Sarcomas, except  
periosteal fibrosarcoma, dermatofibrosarcoma)  
8990-8991 (Mesenchymoma)  
8940-8941 (Mixed tumor, salivary gland type)  
9120-9170 (Blood vessel tumor, lymphatic vessel tumor)  
9240-9252 (Mesenchymal chondrosarcoma,  
and giant cell tumors)  
9540-9560 (Nerve sheath tumor)  
9580-9582 (Granular cell tumor and alveolar soft part sarcoma)

**Primary Site, Morphology-Imposs ICDO3 (SEER IF38)**

## Additional Information:

Combinations of site and type are designated as impossible by this edit because the combination is biologically impossible, i.e., the particular form of cancer does not arise in the specified site, or because standard cancer registry conventions have been established to code certain combinations in certain ways.

In reviewing these errors, it is important to understand the biology of the disease and the clinical picture and history of the individual case before deciding on a correct code. It will often be useful to check medical references or to discuss specific problem cases with the registry's medical advisors. The suggestions below are a starting point for analyzing an error, but are not a substitute for a medical decision.

Correction of these errors will usually require inspection of the abstracted text, either online or as recorded on a paper abstract. Reference to the original medical record may also be required.

## GENERAL

First review the case for the following:

1. Is the histologic type correctly coded? If not, correct the histologic type code. Note that the code for "Cancer" and "Malignancy" (8000/3) is NOT interchangeable with the code for "Carcinoma, NOS" (8010/3), which refers only to a malignancy of epithelial origin.
2. Is the primary site coded correctly? Check whether the site coded as the primary site could be instead the site of metastatic spread or the site where a biopsy was performed. If so, check for a more appropriate primary site.

## SPECIFIC GUIDELINES

(The numbered categories refer to rows in the table of impossible combinations presented under "Description" in the documentation.)

1. Retroperitoneum/Peritoneum and Melanomas: If melanoma is identified in peritoneal or retroperitoneal tissue, it is almost certainly metastatic to that site. Try to identify the primary site of the melanoma. If no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44.\_, as the appropriate primary site.
2. Nasal Cavity/Middle Ear/Accessory Sinuses and Osteosarcomas: Osteosarcomas arise in bone, and the specified site code in ICD-O-3 is C40.\_ or C41.\_. Osteosarcomas arising in the areas of the nose, middle ear, and sinuses should be assumed to have arisen in the bones of the skull and their primary site coded C41.0.
3. Pleura/Mediastinum and Carcinomas or Melanomas: If a carcinoma or melanoma is identified in the pleura or mediastinum, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44.\_, as the appropriate primary site.

**Primary Site, Morphology-Imposs ICDO3 (SEER IF38)**

4. Peripheral Nerves and Carcinomas or Melanomas: If a carcinoma or melanoma is identified in peripheral nerves, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44.9, as the appropriate primary site.

5. Connective Tissue and Melanomas: If a melanoma is identified in connective tissue, it is almost certainly metastatic to that site. Try to identify the primary site of melanoma. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44.9, as the appropriate primary site.

6. Meninges/Brain/Other CNS and Carcinomas: If a carcinoma is identified in the brain, meninges, or other central nervous system, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma. Check that the tumor is indeed a carcinoma and not "Cancer" or "Malignancy" which would be coded 8000/3. If it is a carcinoma and no primary can be determined, code "Unknown primary site", C80.9.

7. Bone and Carcinomas or Melanomas: If a carcinoma or melanoma is identified in the bone, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44.9, as the appropriate primary site.

8. Ill-defined Sites and Various Histologies: Some histologic types are by convention more appropriately coded to a code representing the tissue in which such tumors arise rather than the ill-defined region of the body, which contains multiple tissues.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF38\_3

**Modifications:**

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v13

Corrected descriptions of impossible histologies for C760-C768 (Ill-defined sites)

NAACCR v13A

Added impossible primary site/histology combination:

Primary Sites: C000-C709, C728-C750, C752, C754-C809

Histologies: 9440, 9441, 9442 (glioblastomas)



**Primary Site, Morphology-Type,Beh ICDO3 (SEER IF25)**

NAACCR v14A

- The following site/histology combinations are now allowable:

C383 8240

C710-C719 8070

**Primary Site, Morphology-Type,Beh ICDO3 (SEER IF25)**

Agency: SEER

Last changed: 04/08/2018 18:34:45

*Edit Tag N1254****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Histologic Type ICD-O-3 is blank.

If the case has already been reviewed and accepted as coded (Over-ride Site/Type = 1) no further editing is done.

The SEER Site/Histology Validation List (see SEER web site) designates all histologies/behaviors that do not require review for each site. Any site/histology/behavior combination not in the Site/Histology Validation List will be accepted only if the case has been reviewed, accepted as coded, and Over-ride--Site/Type = 1. All other combinations will generate the message "Incompatible site and morphology". Since basal and squamous cell carcinomas of non-genital skin sites are not reportable to SEER, these site/histology combinations do not appear on the validation list.

The Site/Histology Validation List contains those histologies commonly found in the specified primary site. Histologies that occur only rarely or never may not be included. Review of these rare combinations often results in changes to the primary site and/or morphology, rather than a decision that the combination is correct. The over-ride flag should not be set to 1 if the primary site or histologic type are changed to a combination that will pass the edit. However, if upon review the site/type combination is found to be accurate and in conformance with coding rules, it may be left as coded and the Over-ride--Site/Type flag coded to 1.

Additional Information:

**Primary Site, Morphology-Type,Beh ICDO3 (SEER IF25)**

This edit forces review of atypical site-type combinations. Combinations not requiring review are presented, by primary site, in the "SEER Site/Histology Validation List". This edit does not imply that there are errors but rather that the combination of site and histology are so unusual that they should be checked to ensure that they correctly reflect what is in the medical record. Resolution of discrepancies may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary.

Review of these cases requires investigating whether a) the combination is biologically implausible, or b) there are cancer registry coding conventions that would dictate different codes for the diagnosis. The following resources can be checked:

- Current oncology and pathology textbooks
- Current medical journal articles, e.g., via MEDLINE
- Pathologist advisors to the registry

If upon review it is decided that the case is appropriately coded, set the Override--Site/Type flag to 1 so that the case will not be flagged for review when the edit is run again.

The SEER Site/Histology Validation List was posted with significant updates in 2010 and 2018. Another edit, Morphology--Type/Behavior ICDO3 (SEER MORPH) checks validity of histology and behavior codes by diagnosis date.

***Administrative Notes***

This edit differs from Primary Site, Morphology-Type ICDO3 (SEER IF25) in that this edit includes behavior.

This edit differs from the COC edit of the same name in that the COC version allows basal and squamous cell carcinomas of non-genital skin sites. Since these cases are not reportable to SEER, these site/histology combinations do not appear on the SEER validation list and are flagged as errors in this edit.

**MODIFICATIONS:**

NAACCR v11.2

11/07

- Replaces old version Primary Site, Morphology-Type ICDO3 (SEER IF25).
- Updated to now edit site/histology/behavior instead of just site/histology.
- Updated to allow meningiomas (9530 - 9539) only for meninges sites (C70\_). Please note that it allows meningiomas outside of the

**Primary Site, Morphology-Type,Beh ICDO3 (SEER IF25)**

meninges if the case is reviewed and the over-ride flag is set.

## NAACCR v11.3

6/08

- The description of the above modification (11/07) was corrected: "NAACCR v11.2A" changed to "NAACCR v11.2".

## NAACCR v11.3A

10/08

- Histology 8461/3 is now valid for sites C480-C482, C488
- Histology 8144/3 is no longer valid for C15, C17, C18, C19, C20, and C21
- Histology 9582/0 is now valid for C751

## NAACCR v12

- Correction: added C209 8143/3 to table of valid site/hist/behavior combinations. It had mistakenly been removed from NAACCR v11.3A.

## NAACCR v12D

- Modified: if year of diagnosis is 2010 or higher AND Histologic Type ICD-O-3 = 9731 (solitary plasmacytoma of bone) AND Behavior ICD-O-3 = 3 (malignant), then Primary Site must = C400-C419 (bone).

## NAACCR v12.1

- Modified: logic to allow solitary plasmacytoma of bone (9731/3) only for bone (C400-C41) if year of diagnosis is 2010+, was removed from this edit. A separate edit was created: Primary Site, Morphology, Date of DX (SEER)

## NAACCR v13

Revised IF25\_3.DBF (site/histology/behavior table):

1. allow 9823/3 for all sites
2. allow 8441/3 and 8460/3 for C540-C543, C548-C549, C559
3. delete miscellaneous duplicate table entries

## NAACCR v15

Revised IF25\_3.DBF (site/histology/behavior table):

- added:

C150-C159: 9680/3

C170-C179: 8152/3

C260-C269: 8152/3

C440-C449: 9751/3

C470-C479, C490-C499: 9726/3

C510-C519, C529

- 9597, 9700, 9708, 9709, 9718, 9725, 9726

C530-C539: 8098/3

C600-C609, C632

- 9597, 9700, 9701, 9708, 9709, 9718, 9725, 9726

C809 - 8152/3

**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

C751 - 9582/0 (replaced hardcoded logic with table entry )

## NAACCR v15A

Revised IF25\_3.DBF (site/histology/behavior table):

- added:

C470-C476, C478-C479, C490-C496, C498-C499: 9930/3

C440-C449: 9837/3

C340-C349: 8083/3

- removed duplicate codes:

C420 9823/3

C421 9823/3

C424 9823/3

## NAACCR v18

- Edit logic rewritten to replace IRLOOKUP and ILOOKUP statements with SQLRANGELOOKUP and SQLLOOKUP statements.

- Tables referenced by edit updated with histology/behavior codes added to SEER Site/Type Validation List posted 1/17/2018.

- Name changed, space before (SEER IF25)

**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

Agency: COC

Last changed: 04/08/2018 18:42:58

*Edit Tag* N2206***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

TNM Clin N and TNM Path N may be blank. If TNM Clin N is entered, it is edited by the criteria below. If TNM Path N is entered, it is edited by the criteria below.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07 and not = 88
6. TNM Clin N and TNM Path N are both empty

The allowable values for

Clinical N: (blank), cX, c0, c0A, c0B, c1, c1A, c1B, c1C, c2, c2A, c2B, c2C, c3, c3A, c3B, c3C,

**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

c4, 88

Path N: (blank), pX, c0, p0, p0I-, p0I+, p0M-, p0M+, p1MI, p0A, p0B, p1, p1A, p1B, p1C, p2, p2A, p2B, p2C, p3, p3A, p3B, p3C, p4, 88

This edit checks the subset of values that are valid for each of the site/histology groups that have a TNM N defined and checks for '88' if the site/histology group does not have a TNM N defined.

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM

Edition

Number = 88, TNM Clin N = 88 or blank, TNM Path N = 88 or blank, and Over-ride Site/TNM-Stgrp =

1 if the

patient is under 25 years old. Other edits, Primary Site, AJCC Stage Group 2016 - Ed 7 (COC)

and Primary

Site, Stage Group 2016 - Ed 7 (NPCR), check that the over-ride is not set for Age at Diagnosis > 24.

The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual,

Edition 7. The sites for each chapter are listed along with the histologies for which N is

defined. The edit will pass when the codes listed are entered in TNM Clin N with "c" prefix or

in TNM Path N with "p" prefix; "cN0" will also pass when entered in TNM Path N, and where

specified "88" will pass the edit without the prefix. Blanks will also pass the edit but are

not specified. For those cases where there is a difference between the clinical and

pathologic N codes, such as Merkel Cell, Melanoma of Skin, Breast, Melanoma Conjunctiva, the N

codes are listed separately for the clin and path assessment.

For example:

TNM N:

Clin: X, 0, 1, 2, 2A, 2B, 3, 3A, 3B, 3C

Path: X, 0, 0I-, 0I+, 0M-, 0M+, 1, 1A, 1B, 1C, 1MI, 2, 2A, 2B, 3, 3A, 3B, 3C

Translates to allowable codes of:

Clin: (blank), cX, c0, c1, c2, c2A, c2B, c3, c3A, c3B, c3C

Path: (blank), pX, c0, p0, p0I-, p0I+, p0M-, p0M+, p1, p1A, p1B, p1C, p1MI, p2, p2A, p2B, p3, p3A, p3B, p3C

The sites/histologies for each group are listed in the EditWriter table

AC7G2016.DBF, except as

noted below where special logic in this edit is used to assign or reassign sites/histologies to

a specified group number.

### 3. Lip and Oral Cavity

**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

## Sites:

C000-C006, C008, C009  
C020-C023, C028, C029  
C030, C031, C039  
C040, C041, C048, C049  
C050, C058, C059  
C060-C062, C068, C069

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM N:

X, 0, 1, 2, 2A, 2B, 2C, 3

## 4. Pharynx

## 4A. Oropharynx and Hypopharynx

## Sites:

C019, C024  
C051-C052  
C090-C091, C098-C099  
C100, C102-C104, C108-C109  
C129  
C130-C132, C138-C139

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM N:

X, 0, 1, 2, 2A, 2B, 2C, 3

## 4B. Nasopharynx

## Sites:

C110, C112-C113, C118-C119

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM N:

X, 0, 1, 2, 3, 3A, 3B

## 4C. Nasopharynx

## Sites:

C111

## Discriminator (CS Site-Specific Factor25):

010

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM N:

X, 0, 1, 2, 3, 3A, 3B

## 4D. Oropharynx - Pharyngeal Tonsil

## Sites:

C111

## Discriminator (CS Site-Specific Factor25):

020

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 4D from 4C based on Site-Specific Factor 25

## TNM N:

**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

X, 0, 1, 2, 2A, 2B, 2C, 3

## 5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 2A, 2B, 2C, 3

## 5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM N:

X, 0, 1, 2, 2A, 2B, 2C, 3

NOTE: TNM N 88 allowed for C328-C329

## 6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 2A, 2B, 2C, 3

## 7. Major Salivary Glands

Sites:

C079

C080, C081, C088, C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM N:

X, 0, 1, 2, 2A, 2B, 2C, 3, 88

## 8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

Site/histologies are assigned to group 8A from group 8 based on grade, age at diagnosis

**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

TNM N:

X,0,1,1A,1B, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8B from group 8 based on grade, age at diagnosis

TNM N:

X,0,1,1A,1B, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8C from group 8 based on grade, age at diagnosis

TNM N:

X,0,1,1A,1B, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM N:

X,0,1,1A,1B, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM N:

X,0,1,1A,1B

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4



**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

Site/histologies are assigned to group 8F from group 8 and group 8D based on grade

TNM N:

X, 0, 1, 1A, 1B

## 9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109

C110-C113, C118-C119

C129, C130-C132

C138-C139

C140, C142, C148

C300

C310-C311

C320-C323, C328-C329

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

X, 0, 1, 88

## 10. Esophagus and Esophagus Gastric Junction

## 10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X, 0, 1, 2, 3

## 10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162)

Site/histologies are assigned to group 10B from group 11 based on site and site-specific factor

25

as well as table lookup

TNM N:

X, 0, 1, 2, 3

## 11. Stomach

**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

## Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =  
000, 030, 999

C163-C166, C168-C169

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

## TNM N:

X,0,1,2,3,3A,3B

## 12. Small Intestine

## Sites:

C170-C172, C178-C179

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

## TNM N:

X,0,1,2

## 13. Appendix

## 13A. Appendix: Carcinoma

## Sites:

C181

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

## TNM N:

X,0,1,2

## 13B. Appendix: Carcinoid

## Sites:

C181

## Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

## TNM N:

X,0,1, 88

## 14. Colon and Rectum

## Sites:

C180, C182-C189

C199

C209

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

## TNM N:

X,0,1,1A,1B,1C,2,2A,2B

## 15. Anus

## Sites:

C210-C212, C218

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

TNM N:

X, 0, 1, 2, 3

## 16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Sites/histologies are assigned to group 16A from group 16B based on site-specific factor 10 as well as table lookup

TNM N:

0, 1, 88

NOTE: c1 will pass if entered in TNM Path N

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM N:

0, 1, 88

NOTE: c1 will pass if entered in TNM Path N

## 17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X, 0, 1

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X, 0, 1, 88

17C. NET: Colon and Rectum

Sites:

**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM N:

X,0,1, 88

## 18. Liver

Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM N:

X,0,1,88

## 19. Intrahepatic Bile Ducts

Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM N:

X,0,1

## 20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 20 from group 21 based on site-specific factor 25

as well as table lookup

TNM N:

X,0,1,2

## 21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050, 060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

## 22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

Sites/histologies are assigned to group 22 from group 21 based on site-specific factor 25  
as well as table lookup

TNM N:  
X,0,1

## 23. Ampulla of Vater

Sites:  
C241  
Histologies Requiring AJCC Staging:  
8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981  
TNM N:  
X,0,1

## 24. Exocrine and Endocrine Pancreas

Sites:  
C250-C254, C257-C259  
Histologies Requiring AJCC Staging:  
8000-8576, 8940-8950, 8971, 8980-8981  
TNM N:  
X,0,1

## 25. Lung

Sites:  
C340-C343, C348, C349  
Histologies Requiring AJCC Staging:  
8000-8576, 8940-8950, 8980-8981  
TNM N:  
X,0,1,2,3

## 26. Pleural Mesothelioma

Sites:  
C384  
Histologies Requiring AJCC Staging:  
9050-9053  
TNM N:  
X,0,1,2,3

## 27. Bone

Sites:  
C400-C403, C408-C409  
C410-C414, C418-C419  
Histologies Permitting AJCC Staging:  
8800-9136, 9142-9582  
TNM N:  
X,0,1

**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

NOTE: c1 will pass if entered in TNM Path N

## 28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Sex = 1,3-5, 9 (not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

Sex = 2, 6 (female)

HeartMediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Specific sites/histologies assigned to group 28 based on sex

TNM N:

X,0,1

NOTE: c1 will pass if entered in TNM Path N

NOTE: TNM N 88 allowed for Mesothelioma, 9050-9055

## 29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

## 30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,

C510-C512, C518-C519

C600-C602, C608-C609

**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

C632

Histologies Requiring AJCC Staging:

8247

TNM N:

Clin: X,0,1,1B, 2

Path: X,0,1,1A,1B,2

## 31. Melanoma of the Skin

Sites:

C440-C449

C510-C512,C518,C519

C600-C602, C608, C609

C632

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

Clin: X,0,1,1A,1B,2,2C,3

Path: X,0,1,1A,1B,2,2A,2B,2C,3

## 32. Breast

Sites:

C500-C506,C508,C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

TNM N:

Clin: X,0,1,2,2A,2B,3,3A,3B,3C

Path: X,0,0I-,0I+,0M-,0M+,1,1A,1B,1C,1MI,2,2A,2B,3,3A,3B,3C

## 33. Vulva

Sites:

C510-C512,C518,C519

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,1A,1B,2,2A,2B,2C,3

## 34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

TNM N:

X,0,1

## 35. Cervix Uteri

Sites:

C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

TNM N:  
X,0,1

## 36. Corpus Uteri

## 36A. Corpus Uteri: Carcinomas

## Sites

C540-C543, C548-C549  
C559

## Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

TNM N:  
X,0,1,2

NOTE: c1, c2 will pass if entered in TNM Path N

## 36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

## Sites:

C540-C543, C548-C549  
C559

## Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM N:  
X,0,1, 88

## 36C. Corpus Uteri: Adenosarcoma

## Sites:

C540-C543, C548-C549  
C559

## Histologies Requiring AJCC Staging:

8933

TNM N:  
X,0,1, 88

## 37. Ovary and Peritoneal Carcinomas

## 37A. Ovary

## Sites:

C569

## Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM N:  
X,0,1, 88

## 37B. Peritoneal Carcinomas

## Sites:

C481-C482, C488  
Sex = 2,6 (female)

## Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

Sex code checked for assignment to group 37B

TNM N:  
X,0,1



**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

NOTE: TNM N 88 allowed for Mesothelioma, 9050-9055

## 38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

## 39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

TNM N:

88

## 40. Penis

Sites:

C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

## 41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM N:

X,0,1, 88

## 42. Testis

Sites:

C620,C621,C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM N:

X,0,1,2,3

## 43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

X,0,1, 88

## 44. Renal Pelvis and Ureter

## Sites:

C659

C669

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM N:

X,0,1,2,3

## 45. Urinary Bladder

## Sites:

C670-C679

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM N:

X,0,1,2,3

## 46. Urethra

## Sites:

C680

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM N:

X,0,1,2

## 47. Adrenal

## 47A. Adrenal Cortex

## Sites:

C740

## Histologies Requiring AJCC Staging:

8010, 8140, 8370

## TNM N:

X,0,1, 88

## 47B. Adrenal Cortical Carcinoma

## Sites:

C749

## Histologies Requiring AJCC Staging:

8370

## TNM N:

X,0,1, 88

## 48. Carcinoma of the Eyelid

## Sites:

C441

## Histologies Requiring AJCC Staging:

**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

## 49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

## 50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

Clin: X,0A,0B,1

Path: X,0,0A,0B,1

## 51. Malignant Melanoma of Uvea

## 51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010)

Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51A from group 51 based on site-specific factor 25

TNM N:

X,0,1,88

## 51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51B from group 51 based on site-specific factor 25

TNM N:

X,0,1,88

## 52. Retinoblastoma

Sites:

**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

C692

Histologies Requiring AJCC Staging:

9510-9514

TNM N:

X,0,1,2

## 53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,88

## 54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM N:

X,0,1, 88

## 55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM N:

X,0,1,2,3,4

## 56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136,9141-9582

TNM N:

88

## 57. Lymphoid Neoplasms

## 57A. Hodgkin and Non-Hodgkin

Sites:

C000-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9727, 9735, 9737-9738

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9811-9818, 9823, 9827, 9837

**Primary Site, N 2016 - Ed 7 (COC-NPCR)**

Sites/histologies are assigned to group 57A based on combinations of site and histology

TNM N:  
88

## 57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700, 9701

TNM N:

X, 0, 1, 1A, 1B, 2, 2A, 2B, 3, 88

## 57C. Lymphoid/Hematopoietic

Sites:

C420, C421, C424

Histologies Requiring AJCC Staging:

9811-9818, 9837

TNM N:

88

## All Others

TNM N:

88

***Administrative Notes***

New edit - added to NAACCR v16 metafile.

This edit differs from the SEER edit of the same name in that it excludes N NOS categories that are not included in AJCC 7th Edition (Melanoma of Conjunctiva cN0).

## Modifications

## NAACCR v16A

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Updated description to indicate 0A and 0B allowable values for TNM Pathologic N for site/histology group 050, Melanoma of Conjunctiva. Table referenced by logic updated to include these codes.
- Corrected Description and Edit Logic to include 9727 as lymphoma rather than lymphoma/hematopoietic code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, TNM N 88.

## NAACCR v16B

- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

**Primary Site, Stage Group 2016 - Ed 7 (NPCR)****NAACCR v16D**

- Description, logic updated to allow clinical and pathologic TNM N 88 for mesothelioma, 9050-9055, site/histo group 028
- Removed substring variable declarations from logic, not used
- Description, logic updated to allow clinical and pathologic TNM M 88 for C32.8 and C32.9, site/histo group 05B

**NAACCR v16E**

- Information describing difference from SEER edit moved from Description to Administrative Notes
- Description updated: Added to Site/histology group 36A: NOTE: c1, c2 will pass if entered in TNM Path N
- Table referenced by edit updated to allow TNM Path N = c1 or c2 for Site/Histology group 36A, Corpus Uteri-Carcinoma
- Added to Site/histology groups 16A,16B,27, and 28: NOTE: c1 will pass if entered in TNM Path N
- Table referenced by edit updated to allow TNM Path N = c1 for Site/Histology groups 16A and 16B, GIST, 27, Bone, and 28, Soft Tissue Sarcoma
- Over-ride added to allow code of 88 for pediatric case not assigned AJCC stage for site/histology; Description updated to reflect inclusion of over-ride

**NAACCR v18**

- Description, logic updated to allow 88 for peritoneal mesothelioma of female, site/histo group 37B
- Description, table referenced by edit updated to allow c1B in TNM Clin N for Merkel Cell Carcinoma, site/histo group 30

**Primary Site, Stage Group 2016 - Ed 7 (NPCR)****Agency: NPCR****Last changed: 05/17/2018 21:32:54****Edit Tag N2302****Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit checks that the TNM Clin Stage Group is valid for the site/histology.  
 This edit  
 checks that the TNM Path Stage Group is valid for the site/histology.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Histologic Type ICD-O-3 is blank
3. TNM Edition Number not = 07, 88
4. TNM Clin Stage Group and TNM Path Stage Group are both blank

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM  
 Edition Number = 88, AJCC Clin Stage Group = 88 or blank, AJCC Path Stage Group = 88 or blank,

**Primary Site, Stage Group 2016 - Ed 7 (NPCR)**

and Over-ride Site/TNM-Stgrp = 1 if the patient is under 25 years old. It is assumed by the edit that patients age 25 or older will never be staged by a pediatric system, but most use of pediatric staging will be for patients under 19 years or so. Starting with cases diagnosed 2016 and later blanks are not allowed unless Type of Reporting Source is 6 or 7

The site-specific Stage Group values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic stage groups are listed under Stage Group. When there is a difference in allowable values for clinical and pathologic stage group, they will be specified separately.

The edit also passes if both Stage Group fields are coded 88 when Type of Reporting Source = 6 or 7. The edit fails if one Stage Group field is coded 88 but the other is not when Type of Reporting Source = 6 or 7.

For sites/histologies not included in the list below, TNM Path Stage Group and TNM Clin Stage Group should be coded to 88.

The sites/histologies for each group are listed in the EditWriter table AC7G2016.DBF, except as noted below where special logic in this edit is used to assign or reassign sites/histologies to a specified group number.

**3. Lip and Oral Cavity****Sites:**

C000-C006, C008-C009  
C020-C023, C028-C029  
C030-C031, C039  
C040-C041, C048-C049  
C050, C058-C059  
C060-C062, C068-C069

**Histologies Requiring AJCC Staging:**

8000-8576, 8940-8950, 8980-8981

**Stage Group:**

0, 1, 2, 3, 4A, 4B, 4C, 99

**4. Pharynx****4A. Oropharynx and Hypopharynx****Sites:**

C019, C024  
C051-C052  
C090-C091, C098-C099  
C100, C102-C104, C108-C109

**Primary Site, Stage Group 2016 - Ed 7 (NPCR)**

C129

C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 4C, 99

4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 4C, 99

4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 4C, 99

4D. Oropharynx - Pharyngeal Tonsil

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 4D from 4C based on Site-Specific Factor 25

Stage Group:

0, 1, 2, 3, 4A, 4B, 4C, 99

5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 4C, 99

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 4C, 99



**Primary Site, Stage Group 2016 - Ed 7 (NPCR)**

NOTE: TNM Stage Group 88 allowed for C328-C329

## 6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4A, 4B, 4C, 99

## 7. Major Salivary Glands

Sites:

C079

C080-C081, C088-C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

Stage Group:

1, 2, 3, 4A, 4B, 4C, 99, 88

## 8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

Site/histologies are assigned to group 8A from group 8 based on grade, age at diagnosis

Stage Group:

1, 2, 99, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8B from group 8 based on grade, age at diagnosis

Stage Group:

1, 2, 3, 4A, 4B, 4C, 99, 88

**Primary Site, Stage Group 2016 - Ed 7 (NPCR)**

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,  
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8C from group 8 based on grade, age at diagnosis

Stage Group:

99, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

Stage Group:

1, 2, 3, 4A, 4B, 4C, 99, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

Stage Group:

Clin: 1, 2, 3, 4A, 4B, 4C, 99

Path: 4A, 4B, 4C

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

Site/histologies are assigned to group 8F from group 8 and group 8D based on grade

Stage Group:

Clin: 1, 2, 3, 4A, 4B, 4C, 99

Path: 4A, 4B, 4C, 99

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

**Primary Site, Stage Group 2016 - Ed 7 (NPCR)**

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109

C110-C113, C118-C119

C129, C130-C132

C138-C139

C140, C142, C148

C300

C310-C311

C320-C323, C328-C329

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

3, 4A, 4B, 4C, 99, 88

## 10. Esophagus and Esophagus Gastric Junction

## 10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1A, 1B, 2A, 2B, 3A, 3B, 3C, 4, 99

## 10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162)

Site/histologies are assigned to group 10B from group 11 based on site and site-specific factor

25 as well as table lookup

Stage Group:

0, 1A, 1B, 2A, 2B, 3A, 3B, 3C, 4, 99

## 11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =

000, 030, 999

C163-C166, C168-C169

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

Stage Group:

0, 1A, 1B, 2A, 2B, 3A, 3B, 3C, 4, 99

## 12. Small Intestine

Sites:

C170-C172, C178-C179

**Primary Site, Stage Group 2016 - Ed 7 (NPCR)**

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2A, 2B, 3A, 3B, 4, 99

## 13. Appendix

## 13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2A, 2B, 2C, 3A, 3B, 3C, 4A, 4B, 4C, 99

## 13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

Stage Group:

1, 2, 3, 4, 99, 88

## 14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2A, 2B, 2C, 3A, 3B, 3C, 4A, 4B, 99

## 15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3A, 3B, 4, 99

## 16. Gastrointestinal Stromal Tumor (GIST)

## 16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Sites/histologies are assigned to group 16A from group 16B based on site-specific factor 10

**Primary Site, Stage Group 2016 - Ed 7 (NPCR)**

as well as table lookup

Stage Group:

1A, 1B, 2, 3A, 3B, 4, 99, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

Stage Group:

1, 2, 3A, 3B, 4, 99, 88

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

0, 1, 2A, 2B, 3A, 3B, 4, 99

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

1, 2A, 2B, 3A, 3B, 4, 99, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

Stage Group:

1, 2A, 2B, 3A, 3B, 4, 99, 88

18. Liver

Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

Stage Group:

1, 2, 3A, 3B, 3C, 4A, 4B, 99, 88

**Primary Site, Stage Group 2016 - Ed 7 (NPCR)**

## 19. Intrahepatic Bile Ducts

## Sites:

C221

## Histologies Requiring AJCC Staging:

8160, 8161, 8180

## Stage Group:

0, 1, 2, 3, 4A, 4B, 99

## 20. Gallbladder

## Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 20 from group 21 based on site-specific factor 25

as well as table lookup

## Stage Group:

0, 1, 2, 3A, 3B, 4A, 4B, 99

## 21. Perihilar Bile Ducts

## Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050, 060, 999

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

## Stage Group:

0, 1, 2, 3A, 3B, 4A, 4B, 99

## 22. Distal Bile Duct

## Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 22 from group 21 based on site-specific factor 25

as well as table lookup

## Stage Group:

0, 1A, 1B, 2A, 2B, 3, 4, 99

## 23. Ampulla of Vater

## Sites:

C241

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

## Stage Group:

**Primary Site, Stage Group 2016 - Ed 7 (NPCR)**

0, 1A, 1B, 2A, 2B, 3, 4, 99

## 24. Exocrine and Endocrine Pancreas

## Sites:

C250-C254, C257-C259

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

## Stage Group:

0, 1A, 1B, 2A, 2B, 3, 4, 99

## 25. Lung

## Sites:

C340-C343, C348-C349

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## Stage Group:

OC, 0, 1A, 1B, 2A, 2B, 3A, 3B, 4, 99

## 26. Pleural Mesothelioma

## Sites:

C384

## Histologies Requiring AJCC Staging:

9050-9053

## Stage Group:

1, 1A, 1B, 2, 3, 4, 99

## 27. Bone

## Sites:

C400-C403, C408-C409

C410-C414, C418-C419

## Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

## Stage Group:

1A, 1B, 2A, 2B, 3, 4A, 4B, 99

## 28. Soft Tissue Sarcoma

## Peritoneum - not female

## Sites:

C481-C482, C488

## Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Sex = 1, 3-5, 9 (not female)

## Peritoneum - female

## Sites:

C481-C482, C488

## Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

**Primary Site, Stage Group 2016 - Ed 7 (NPCR)**

Sex = 2, 6 (female)

HeartMediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Specific sites/histologies assigned to group 28 based on sex

Stage Group:

1A, 1B, 2A, 2B, 3, 4, 99

NOTE: Stage Group 88 allowed for Mesothelioma, 9050-9055

## 29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3, 4, 99

## 30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8247

Stage Group:

Clin: 0, 1B, 2B, 2C, 3, 3B, 4, 99

Path: 0, 1A, 1B, 2A, 2B, 2C, 3A, 3B, 4, 99

## 31. Melanoma of the Skin

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8720-8790

Stage Group:

Clin: 0, 1A, 1B, 2A, 2B, 2C, 3, 4, 99



**Primary Site, Stage Group 2016 - Ed 7 (NPCR)**

Path: 0, 1A, 1B, 2A, 2B, 2C, 3A, 3B, 3C, 4, 99

## 32. Breast

## Sites:

C500-C506, C508-C509

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

## Stage Group:

0, 1A, 1B, 2A, 2B, 3A, 3B, 3C, 4, 99

## 33. Vulva

## Sites:

C510-C512, C518-C519

## Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

## Stage Group:

0, 1, 1A, 1B, 2, 3A, 3B, 3C, 4A, 4B, 99

## 34. Vagina

## Sites:

C529

## Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

## Stage Group:

0, 1, 2, 3, 4A, 4B, 99

## 35. Cervix Uteri

## Sites:

C530-C531, C538-C539

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## Stage Group:

0, 1, 1A, 1A1, 1A2, 1B, 1B1, 1B2, 2, 2A, 2A1, 2A2, 2B, 3, 3A, 3B, 4A, 4B, 99

## 36. Corpus Uteri

## 36A. Corpus Uteri: Carcinomas

## Sites

C540-C543, C548-C549

C559

## Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

## Stage Group:

0, 1, 1A, 1B, 2, 3, 3A, 3B, 3C, 3C1, 3C2, 4A, 4B, 99

## 36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

## Sites:

C540-C543, C548-C549

**Primary Site, Stage Group 2016 - Ed 7 (NPCR)**

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

Stage Group:

1, 1A, 1B, 2, 3A, 3B, 3C, 4A, 4B, 99, 88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

Stage Group:

1, 1A, 1B, 1C, 2, 3A, 3B, 3C, 4A, 4B, 99, 88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

Stage Group:

1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488

Sex = 2,6 (female)

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

Sex code checked for assignment to group 37B

Stage Group:

3, 3A, 3B, 3C, 4, 99

NOTE: Stage Group 88 allowed for Mesothelioma, 9050-9055

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 99

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

**Primary Site, Stage Group 2016 - Ed 7 (NPCR)**

9100-9105

Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

40. Penis

Sites:

C600-C602, C608-C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

Stage Group:

0, 1, 2, 3A, 3B, 4, 99

41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

Stage Group:

1, 2A, 2B, 3, 4, 99, 88

42. Testis

Sites:

C620-C621, C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

Stage Group:

0, 1, 1A, 1B, 1S, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 99

43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

1, 2, 3, 4, 99, 88

44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Stage Group:

0IS, 0A, 1, 2, 3, 4, 99

45. Urinary Bladder

**Primary Site, Stage Group 2016 - Ed 7 (NPCR)**

## Sites:

C670-C679

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## Stage Group:

0IS, 0A, 1, 2, 3, 4, 99

## 46. Urethra

## Sites:

C680

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## Stage Group:

0IS, 0A, 1, 2, 3, 4, 99

## 47. Adrenal

## 47A. Adrenal Cortex

## Sites:

C740

## Histologies Requiring AJCC Staging:

8010, 8140, 8370

## Stage Group:

1, 2, 3, 4, 99, 88

## 47B. Adrenal Cortical Carcinoma

## Sites:

C749

## Histologies Requiring AJCC Staging:

8370

## Stage Group:

1, 2, 3, 4, 99, 88

## 48. Carcinoma of the Eyelid

## Sites:

C441

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## Stage Group:

0, 1A, 1B, 1C, 2, 3A, 3B, 3C, 4, 99

## 49. Conjunctiva

## Sites:

C690

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## Stage Group:

88

## 50. Malignant Melanoma of the Conjunctiva

**Primary Site, Stage Group 2016 - Ed 7 (NPCR)**

## Sites:

C690

## Histologies Requiring AJCC Staging:

8720-8790

## Stage Group:

88

## 51. Malignant Melanoma of Uvea

## 51A. Ciliary Body and Choroid

## Sites:

C693

C694 (CS Site-Specific Factor 25 = 010)

## Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51A from group 51 based on site-specific factor 25

## Stage Group:

1, 2A, 2B, 3A, 3B, 3C, 4, 99,88

## 51B. Iris

## Sites:

C694 (CS Site-Specific Factor 25 = 020)

## Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51B from group 51 based on site-specific factor 25

## Stage Group:

1, 2A, 2B, 3A, 3B, 3C, 4, 99,88

## 52. Retinoblastoma

## Sites:

C692

## Histologies Requiring AJCC Staging:

9510-9514

## Stage Group:

88

## 53. Carcinoma of the Lacrimal Gland

## Sites:

C695 and CS Site-Specific Factor25 = 015

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## Stage Group:

88

## 54. Sarcoma of the Orbit

**Primary Site, Stage Group 2016 - Ed 7 (NPCR)**

## Sites:

C696, C698

## Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

## Stage Group:

88

## 55. Ocular Adnexal Lymphoma

## Sites:

C441, C690, C695-C696

## Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

## Stage Group:

88

## 56. Brain and Spinal Cord

## Sites:

C700-C701, C709, C710-C719, C720-C729, C751-C753

## Histologies Requiring AJCC Staging:

8000, 8680-9136, 9141-9582

## Stage Group:

88

## 57. Lymphoid Neoplasms

## 57A. Hodgkin and Non-Hodgkin

## Sites:

C000-C440, C442-C689, C691-C694, C698-C809

## Histologies Requiring AJCC Staging:

9590-9699, 9702-9727, 9735, 9737-9738

Sites/histologies are assigned to group 57A based on combinations of site and histology

## Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

## Sites:

C000-C419, C422-C423, C440, C442-C689, C691-C694, C698-C809

## Histologies Requiring AJCC Staging:

9811-9818, 9823, 9827, 9837

## Stage Group:

1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 99

## 57B. Primary Cutaneous Lymphomas

## Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

## Histologies Requiring AJCC Staging:

9700, 9701

## Stage Group:

**Primary Site, Stage Group 2016 - Ed 7 (NPCR)**

1A, 1B, 2A, 2B, 3, 3A, 3B, 4A1, 4A2, 4B, 99,88

57C. Lymphoid/Hematopoietic

Sites:

C420, C421, C424

Histologies Requiring AJCC Staging:

9811-9818, 9837

Stage Group:

4, 4A, 4B, 88, 99

All Others

Stage Group:

88

***Administrative Notes***

New edit - added to NAACCR v16 metafile.

This edit differs from the SEER edit with the same name in requiring both TNM Clin Stage Group and TNM Path Stage Group to be coded 88 if one is coded 88, for Type of Reporting Source = 6 (autopsy only) or 7 (death certificate only). The edit does not require stage group fields to equal 88 if Type of Reporting Source = 7, as required by a separate SEER edit. Except for Autopsy Only and Death Certificate Only case, the edit does not allow Stage Group codes for stageable site/histology groups not specifically listed in the AJCC 7th Edition.

**Modifications****NAACCR v16A**

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Error message corrected, field out of order for 6060
- Corrected Description and Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, Stage groups 4,4A,4B,99,88. Groups 57A and 57C differ from definitions of these groups in pre-2016 edits in only allowing these stage group values for these site/histologies. Pre-2016 edits allowed all lymphoma stage group values for these sites/histologies.

**NAACCR v16B**

- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

**NAACCR v16D**

- 99 added to description as valid pathologic stage group for site/histology groups 8E and 8F, anaplastic carcinoma of thyroid, lookup table also updated

**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

- Description, logic updated to allow clinical and pathologic stage group 88 for mesothelioma, 9050-9055, site/histo group 028
- Description, logic updated to allow clinical and pathologic TNM M 88 for C32.8 and C32.9, site/histo group 05B
- Error message updated to specify TNM Edition No/Stage groups (previously TNM data items) must be coded 88 if over-ride set for pediatric case

**NAACCR v16E**

- Information describing difference from COC and NPCR edits moved from Description to Administrative Notes

**NAACCR v18**

- Description, logic updated to allow 88 for peritoneal mesothelioma of female, site/histo group 37B
- Reference to TNM M value for group 57C removed from description.
- Description updated to note that edit is skipped when both TNM Clin Stage Group and TNM Path Stage Group are blank, "both" added

**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

Agency: COC

Last changed: 01/25/2019 18:39:45

*Edit Tag N2211****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

TNM Clin T and TNM Path T may be blank. If TNM Clin T is entered, it is edited by the criteria below. If TNM Path T is entered, it is edited by the criteria below.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07 and not = 88
6. TNM Clin T and TNM Path T are both empty

The allowable values for

Clinical T: (blank), cX, c0, pA, pIS, pISU, PISD, c1MI, c1, c1A, c1A1, c1A2, c1B, c1B1, c1B2, c1C, c1D, c2, c2A, c2A1, c2A2, c2B, c2C, c2D, c3, c3A, c3B, c3C, c3D, c4, c4A, c4B, c4C, c4D, c4E, 88



**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

Path T: (blank), pX, p0, pA, pIS, pISU, PISD, p1MI, p1, p1A, p1A1, p1A2, p1B, p1B1, p1B2, p1C, p1D, p2, p2A, p2A1, p2A2, p2B, p2C, p2D, p3, p3A, p3B, p3C, p3D, p4, p4A, p4B, p4C, p4D, p4E,  
88

This edit checks the subset of values that are valid for each of the site/histology groups that have a TNM T defined and checks for "88" if the site/histology group does not have a TNM T defined.

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM

Edition

Number = 88, TNM Clin T = 88 or blank, TNM Path T = 88 or blank, and Over-ride Site/TNM-Stgrp =

1 if the

patient is under 25 years old. Other edits, Primary Site, AJCC Stage Group 2016 - Ed 7 (COC)

and Primary

Site, Stage Group 2016 - Ed 7 (NPCR), check that the over-ride is not set for Age at Diagnosis

> 24.

The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual,

Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC

staging. The values for the clinical and pathologic T codes are listed under TNM T. All values

listed must be prefixed with a "c" or "p" except code "88" and blank. All clinical T codes

have a prefix of "c" except for IS, A, ISU, ISD which must have a prefix of "p".

The Path T

codes all have the prefix of "p". For cases where there is a difference in allowable values for

clinical and pathologic T codes (Testis, Prostate, Melanoma Conjunctiva, and Retinoblastoma),

the T codes are listed separately for clin and path.

For example for breast the edit lists

TNM T:

X,0,IS,1,1A,1B,1C,1MI,2,3,4,4A,4B,4C,4D

Which translates to allowable codes of:

Clin T: (blank), cX, c0, pIS, c1, c1A, c1B, c1C, c1MI, c2, c3, c4, c4A, c4B, c4C, c4D

Path T: (blank), pX, p0, pIS, p1, p1A, p1B, p1C, p1MI, p2, p3, p4, p4A, p4B, p4C, p4D

The sites/histologies for each group are listed in the EditWriter table

AC7G2016.DBF, except as

noted below where special logic in this edit is used to assign or reassign sites/histologies to

a specified group number.

**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

## 3. Lip and Oral Cavity

## Sites:

C000-C006, C008, C009  
C020-C023, C028, C029  
C030, C031, C039  
C040, C041, C048, C049  
C050, C058, C059  
C060-C062, C068, C069

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM T:

X, 0, IS, 1, 2, 3, 4A, 4B

## 4. Pharynx

## 4A. Oropharynx and Hypopharynx

## Sites:

C019, C024  
C051-C052  
C090-C091, C098-C099  
C100, C102-C104, C108-C109  
C129  
C130-C132, C138-C139

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM T:

X, 0, IS, 1, 2, 3, 4A, 4B

## 4B. Nasopharynx

## Sites:

C110, C112-C113, C118-C119

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM T:

X, 0, IS, 1, 2, 3, 4

## 4C. Nasopharynx

## Sites:

C111

## Discriminator (CS Site-Specific Factor25):

010

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM T:

X, 0, IS, 1, 2, 3, 4

## 4D. Oropharynx - Pharyngeal Tonsil

## Sites:

C111

## Discriminator (CS Site-Specific Factor25):

020

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 4D from 4C based on Site-Specific Factor 25

**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

TNM T:

X, 0, IS, 1, 2, 3, 4A, 4B

## 5. Larynx

5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4A, 4B

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM T:

X, 0, IS, 1, 1A, 1B, 2, 3, 4A, 4B

NOTE: TNM T 88 allowed for C328-C329

## 6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4A, 4B

## 7. Major Salivary Glands

Sites:

C079

C080, C081, C088, C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM T:

X, 0, 1, 2, 3, 4A, 4B, 88

## 8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

Site/histologies are assigned to group 8A from group 8 based on grade, age at diagnosis

TNM T:

X, 0, 1, 1A, 1B, 2, 3, 4A, 4B, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999  
Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,  
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8B from group 8 based on grade, age at diagnosis

TNM T:

X, 0, 1, 1A, 1B, 2, 3, 4A, 4B, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,  
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

Site/histologies are assigned to group 8C from group 8 based on grade, age at diagnosis

TNM T:

X, 0, 1, 1A, 1B, 2, 3, 4A, 4B, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM T:

X, 0, 1, 1A, 1B, 2, 3, 4A, 4B, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM T:

Clin: X, 0, 1, 1A, 1B, 2, 3, 4A, 4B  
Path: 4A, 4B

8F. Thyroid: Anaplastic

**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

Site/histologies are assigned to group 8F from group 8 and group 8D based on grade

TNM T:

Clin: X, 0, 1, 1A, 1B, 2, 3, 4A, 4B

Path: 4A, 4B

**9. Mucosal Melanoma of the Head and Neck**

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109

C110-C113, C118-C119

C129, C130-C132

C138-C139

C140, C142, C148

C300

C310-C311

C320-C323, C328-C329

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

3, 4A, 4B, 88

**10. Esophagus and Esophagus Gastric Junction****10A. Esophagus**

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 1A, 1B, 2, 3, 4, 4A, 4B

**10B. Esophagus Gastric Junction**

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162)

Site/histologies are assigned to group 10B from group 11 based on site and site-specific factor

**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

25 as well as table lookup

TNM T:

X, 0, IS, 1, 1A, 1B, 2, 3, 4, 4A, 4B

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =  
000, 030, 999

C163-C166, C168-C169

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM T:

X, 0, IS, 1, 1A, 1B, 2, 3, 4, 4A, 4B

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1A, 1B, 2, 3, 4

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4, 4A, 4B

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM T:

X, 0, 1, 1A, 1B, 2, 3, 4, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4A, 4B

**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

## 15. Anus

## Sites:

C210-C212, C218

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

## TNM T:

X,0,IS,1,2,3,4

## 16. Gastrointestinal Stromal Tumor (GIST)

## 16A. GIST: Gastric

## Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

## Histologies Requiring AJCC Staging:

8935-8936

Sites/histologies are assigned to group 16A from group 16B based on site-specific factor 10 as well as table lookup

## TNM T:

X,0,1,2,3,4, 88

## 16B. GIST: Small Intestine

## Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

## Histologies Requiring AJCC Staging:

8935-8936

## TNM T:

X,0,1,2,3,4, 88

## 17. Neuroendocrine Tumors (NET)

## 17A. NET: Stomach

## Sites:

C160-C169

## Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

## TNM T:

X,0,IS,1,2,3,4

## 17B. NET: Small Intestine and Ampulla of Vater

## Sites:

C170-C179

C241

## Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

## TNM T:

**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

X,0,1,2,3,4, 88

## 17C. NET: Colon and Rectum

## Sites:

C180, C182-C189

C199, C209

## Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

## TNM T:

X,0,1,1A,1B,2,3,4, 88

## 18. Liver

## Sites:

C220

## Histologies Requiring AJCC Staging:

8170-8175

## TNM T:

X,0,1,2,3A,3B,4, 88

## 19. Intrahepatic Bile Ducts

## 19. Sites:

C221

## Histologies Requiring AJCC Staging:

8160, 8161, 8180

## TNM T:

X,0,IS,1,2A,2B,3,4

## 20. Gallbladder

## Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

## Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 20 from group 21 based on site-specific factor 25

as well as table lookup

## TNM T:

X,0,IS,1,1A,1B,2,3,4

## 21. Perihilar Bile Ducts

## Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,  
060, 999

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

## TNM T:

X,0,IS,1,2A,2B,3,4



**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

## 22. Distal Bile Duct

## Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

Sites/histologies are assigned to group 22 from group 21 based on site-specific factor 25

as well as table lookup

## TNM T:

X, 0, IS, 1, 2, 3, 4

## 23. Ampulla of Vater

## Sites:

C241

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

## TNM T:

X, 0, IS, 1, 2, 3, 4

## 24. Exocrine and Endocrine Pancreas

## Sites:

C250-C254, C257-C259

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

## TNM T:

X, 0, IS, 1, 2, 3, 4

## 25. Lung

## Sites:

C340-C343, C348, C349

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM T:

X, 0, IS, 1, 1A, 1B, 2, 2A, 2B, 3, 4

## 26. Pleural Mesothelioma

## Sites:

C384

## Histologies Requiring AJCC Staging:

9050-9053

## TNM T:

X, 0, 1, 1A, 1B, 2, 3, 4

## 27. Bone

**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

## Sites:

C400-C403, C408-C409

C410-C414, C418-C419

## Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

## TNM T:

X,0,1,2,3

## 28. Soft Tissue Sarcoma

Peritoneum - not female

## Sites:

C481-C482, C488

## Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Sex = 1, 3-5, 9 (not female)

Peritoneum - female

## Sites:

C481-C482, C488

## Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

Sex = 2,6 (female)

HeartMediastinum, Soft Tissue

## Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

## Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

## Sites:

C480

## Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

Specific sites/histologies assigned to group 28 based on sex

## TNM T:

X,0,1,1A,1B,2,2A,2B

NOTE: TNM T 88 allowed for Mesothelioma, 9050-9055

## 29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

## Sites:

C440, C442-C449, C632

## Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

## TNM T:

X,0,IS,1,2,3,4

## 30. Merkel Cell Carcinoma

**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

## Sites:

C440, C442-C449,  
C510-C512, C518-C519  
C600-C602, C608-C609  
C632

Histologies Requiring AJCC Staging:  
8247

## TNM T:

X, 0, IS, 1, 2, 3, 4

## 31. Melanoma of the Skin

## Sites:

C440-C449  
C510-C512, C518, C519  
C600-C602, C608, C609  
C632

Histologies Requiring AJCC Staging:  
8720-8790

## TNM T:

X, 0, IS, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B

## 32. Breast

## Sites:

C500-C506, C508, C509

Histologies Requiring AJCC Staging:  
8000-8576, 8940-8950, 8980-8981, 9020

## TNM T:

X, 0, IS, 1, 1A, 1B, 1C, 1MI, 2, 3, 4, 4A, 4B, 4C, 4D

## 33. Vulva

## Sites:

C510-C512, C518, C519

Histologies Requiring AJCC Staging:  
8000-8246, 8248-8576, 8940-8950, 8980-8981

## TNM T:

X, 0, IS, 1A, 1B, 2, 3

## 34. Vagina

## Sites:

C529

Histologies Requiring AJCC Staging:  
8000-8576, 8800-8801, 8940-8950, 8980-8981

## TNM T:

X, 0, IS, 1, 2, 3, 4

## 35. Cervix Uteri

## Sites:

C530, C531, C538, C539

**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 1A, 1A1, 1A2, 1B, 1B1, 1B2, 2, 2A, 2A1, 2A2, 2B, 3, 3A, 3B, 4

## 36. Corpus Uteri

## 36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

TNM T:

X, 0, IS, 1, 1A, 1B, 2, 3A, 3B, 4

## 36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM T:

X, 0, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 88

## 36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM T:

X, 0, 1, 1A, 1B, 1C, 2, 2A, 2B, 3, 3A, 3B, 4, 88

## 37. Ovary and Peritoneal Carcinomas

## 37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM T:

X, 0, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 88

## 37B. Peritoneal Carcinomas

Sites:

C481-C482, C488

Sex = 2, 6 (female)

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

Sex code checked for assignment to group 37B

TNM T:

X, 0, 3, 3A, 3B, 3C

**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

NOTE: TNM T 88 allowed for Mesothelioma, 9050-9055

## 38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C

## 39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

TNM T:

X, 0, 1, 2, 88

## 40. Penis

Sites:

C600-C602, C608, C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, A, 1A, 1B, 2, 3, 4

## 41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM T:

Clin: X, 0, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 4, 88

Path: X, 0, 2, 2A, 2B, 2C, 3, 3A, 3B, 4, 88

## 42. Testis

Sites:

C620, C621, C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM T:

Clin: cX, pIS

Path: pX, p0, pIS, p1, p2, p3, p4

## 43. Kidney

Sites:

**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,1,1A,1B,2,2A,2B,3,3A,3B,3C,4, 88

## 44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,A,1,2,3,4

## 45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T: Clin: X,0,IS,A,1,2,3,4,4A,4B

Path: X,0,IS,A,1,2,2A,2B,3,3A,3B,4,4A,4B

## 46. Urethra

## 46A. Urethra - Female

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sex: 2,6 (female)

TNM T:

X,0,IS,A,1,2,3,4

## 46B. Urethra - not Female

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sex: 1,3-5,9 (not female)

TNM T:

X,0,IS,ISU,ISD,A,1,2,3,4

## 47. Adrenal

## 47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM T:

X,0,1,2,3,4, 88

**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

## 47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM T:

X, 0, 1, 2, 3, 4, 88

## 48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2A, 2B, 3A, 3B, 4

## 49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4, 4A, 4B, 4C, 4D

## 50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

Clin: X, 0, IS, 1, 1A, 1B, 1C, 1D, 2, 2A, 2B, 2C, 2D, 3, 3A, 3B, 3C, 3D, 4

Path: X, 0, IS, 1A, 1B, 1C, 2A, 2B, 2C, 3, 4

## 51. Malignant Melanoma of Uvea

## 51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010)

Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51A from group 51 based on site-specific factor 25

TNM T:

X, 0, 1, 1A, 1B, 1C, 1D, 2, 2A, 2B, 2C, 2D, 3, 3A, 3B, 3C, 3D, 4, 4A, 4B, 4C, 4D, 4E, 88

## 51B. Iris

Sites:

**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

Sites/histologies are assigned to group 51B from group 51 based on site-specific factor 25

TNM T:

X, 0, 1, 1A, 1B, 1C, 2, 2A, 3, 3A, 4, 4A, 4B, 88

## 52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

TNM T:

Clin: X, 0, 1, 1A, 1B, 1C, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 4C, 4D

Path: X, 0, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B

## 53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, 1, 2, 3, 4, 4A, 4B, 4C, 88

## 54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM T:

X, 0, 1, 2, 3, 4, 88

## 55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM T:

X, 0, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 2D, 3, 4, 4A, 4B, 4C, 4D

## 56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136, 9141-9582

TNM T:

88



**Primary Site, T 2016 - Ed 7 (COC-NPCR)**

## 57. Lymphoid Neoplasms

## 57A. Hodgkin and Non-Hodgkin

## Sites:

C000-C440, C442-C689, C691-C694, C698-C809

## Histologies Requiring AJCC Staging:

9590-9699, 9702-9727, 9735, 9737-9738

## Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

## Histologies Requiring AJCC Staging:

9811-9818, 9823, 9827, 9837

Sites/histologies are assigned to group 57A based on combinations of site and histology

## TNM T:

88

## 57B. Primary Cutaneous Lymphomas

## Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

## Histologies Requiring AJCC Staging:

9700, 9701

## TNM T:

X, 1, 1A, 1B, 2, 2A, 2B, 3, 4

## 57C. Lymphoid/Hematopoietic

## Sites:

C420, C421, C424

## Histologies Requiring AJCC Staging:

9811-9818, 9837

## TNM T:

88

## All Others

## TNM T:

88

***Administrative Notes***

New edit - added to NAACCR v16 metafile.

This edit differs from the SEER edit of the same name in that it excludes TNOS categories that are not included in AJCC 7th Edition (for site/histology groups listed below: 3, 4A, 4D, 5A-B, 6, 7, 8A-F, 9, 12, 14, 18, 19, 21, 33, 36A, 48). The edit does not allow cX or c0 for Mucosal Melanoma of Head and Neck, and does not allow A and B designations for T1 and T2 categories, Primary Cutaneous Lymphoma.

## Modifications

## NAACCR v16A

**Primary Site, TNM Clin Stage Valid A-Ed 7 (COC)**

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Corrected histology codes in Description for site/histology group 31, Melanoma of Skin, from 8720-87900 to 8720-8790
- Corrected Description and Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, TNM T 88.

**NAACCR v16B**

- Description corrected, added value of 3 to group 8D, Thyroid Medullary
- Description updated, p4 removed as valid valued for site/histology group 042, Testis, TNM Clin T
- Table for TNM Clin T referenced by edit corrected, 042 cX and 042 pIS added as allowable values
- Table for TNM Clin T referenced by edit corrected, 05B, c2 added
- Table for TNM Path T referenced by edit corrected, 05B, p2 added
- Table for TNM Clin T referenced by edit corrected, 055 c2D added
- Table for TNM Path T referenced by edit corrected, 055 p2D added
- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

**NAACCR v16D**

- Description, tables referenced by edit updated to allow cTX, cT0,pTX,pT0 for site/histology group 37B, Primary Peritoneal Carcinoma
- Description, logic updated to allow clinical and pathologic TNM T 88 for mesothelioma, 9050-9055, site/histo group 028
- Removed substring variable declarations from logic, not used
- Description, logic updated to allow clinical and pathologic TNM T 88 for C32.8 and C32.9, site/histo group 05B
- Description, tables referenced by edit updated to allow 1A,1B,2A,2B for clin and path TNM T for site/histo group 57B, primary cutaneous lymphoma

**NAACCR v16E**

- Information describing difference from SEER edit moved from Description to Administrative Notes
- Over-ride added to allow code of 88 for pediatric case not assigned AJCC stage for site/histology; Description updated to reflect inclusion of over-ride

**NAACCR v18**

- Description, logic updated to allow 88 for peritoneal mesothelioma of female, site/histo group 37B
- Name changed from Primary Site, T 2016 - Ed 7, ICDO3 (COC-NPCR)

**NAACCR v18C**

- X added to values for T for 57B, Primary Cutaneous Lymphoma

**Primary Site, TNM Clin Stage Valid A-Ed 7 (COC)**

Agency: COC

Last changed: 04/18/2018 08:14:39

*Edit Tag N2213*

**Primary Site, TNM Clin Stage Valid A-Ed 7 (COC)*****Edit Sets***

| <b>Edit Set Name</b>   | <b>Edit Set Tag</b> | <b>Agency Code</b> |
|------------------------|---------------------|--------------------|
| <b>HospitalScan18D</b> | MA0356              | NONE               |
| <b>OfficeScan18D</b>   | MA0358              | NONE               |

***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
2. TNM Edition Number is not = 07, U7, and not = 88
5. TNM Clin Stage Group is blank
6. TNM Clin T, TNM Clin N, or TNM Clin M is blank

The purpose of this edit is to validate the coded TNM categories, and site-specific staging parameters where used, with the coded Stage Group assignments. The edit is used for site/histology groups in AJCC 7th Edition chapters 3 through 28. Some TNM chapters require elements in addition to T, N, and M categories, such as grade or mitotic rate. for correct stage assignment. In this edit description, these elements are called staging parameters. The edit will not be skipped but will pass if a required staging parameter is blank.

The edit compares the combination of TNM Clin T, TNM Clin N, TNM Clin M categories, and staging parameter where required, with TNM Clin Stage Group.

The designation of "c" or "p" within the individual T, N, and M codes is ignored for this edit. Valid codes for individual fields (TNM Clin T, TNM Clin N, TNM Clin M, TNM Clin Stage Group), and for these individual fields by primary site, are checked in other edits.

An edit failure is returned if the Clin Stage Group is inconsistent with the expected group assignment for the coded T, N, M, and staging parameter if required, based on the AJCC stage tables. If a T, N, or M value is coded that is not included in the AJCC stage tables -- for example T4 is coded but only T4A and T4B are staged -- the stage assignment will not be checked and the edit will pass.

An edit failure is also returned if either the coded Clin Stage Group or the coded Path Stage Group returns "ERROR" from the lookup table, meaning that the combination of T, N, M, and staging parameter is invalid. Invalid combinations include TONOMO/MOI+; T in situ with positive N and/or positive M category; and a Testis stage with an invalid S category. An invalid S category results when one or more of the 3 site-specific factors required to determine the category (SSF 13-AFP, SSF 15-hCG, SSF 16-LDH) is coded 988, meaning not applicable.

If the case is reviewed and accepted as coded (Over-ride TNM Tis = 1 or Over-ride TNM Stage = 1), no further editing is done. See "Additional Information" in this description.

The site/histology groups are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The site/histology groups and group stage values are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7. Subdivisions of

**Primary Site, TNM Clin Stage Valid A-Ed 7 (COC)**

some groups were required for this edit; they are identified below with their criteria. Site-specific staging parameters are also identified. The description does not include the list of TNM categories, staging parameters, and stage groups; this information is contained in a table within EditWriter that contains around 14,000 records.

## 3. Lip and Oral Cavity

## 4. Pharynx

- 4A. Oropharynx and Hypopharynx
- 4B. Nasopharynx
- 4C. Nasopharynx
- 4D. Oropharynx - Pharyngeal Tonsil

## 5. Larynx

- 5A. Supraglottis, Subglottis, Other
- 5B. Glottis

## 6. Nasal Cavity and Paranasal Sinuses

## 7. Major Salivary Glands

## 8. Thyroid Gland

- 8A. Thyroid: Papillary/follicular, age less than 045
- 8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999
- 8C. Thyroid: Papillary/follicular, age equal 999 (unknown)
- 8D. Thyroid: Medullary
- 8E. Thyroid: Anaplastic
- 8F. Thyroid: Anaplastic

## 9. Mucosal Melanoma of the Head and Neck

## 10. Esophagus and Esophagus Gastric Junction

## 10A. Esophagus

## Division for Staging:

## 10C. Esophagus Adenocarcinoma

Histologies: 8050, 8140-8147, 8160-8162, 8170-8175, 8180-8221, 8250-8507,  
8514-8551, 8571-8574, 8576, 8940-8941

## 10D. Esophagus Squamous Cell Carcinoma

Histologies: 8000-8046, 8051-8131, 8148-8157, 8230-8249, 8508,  
8510-8513, 8560-8570, 8575, 8905, 8980-8981

## Sites and TNM not included in 10E, 10H

## 10E. Esophagus Squamous Cell Carcinoma

Site, TNM: C150, C151, C153, C154,  
cT2cN0cM0, cT3cN0cM0

## 10H. Esophagus Squamous Cell Carcinoma

Site, TNM: C152, C155, C158, C159  
cT2cN0cM0, cT3cN0cM0

Staging Parameter: Grade

**Primary Site, TNM Clin Stage Valid A-Ed 7 (COC)**

NOTE: Edit will pass with higher grade for clinical stage than stated in table, to allow for potential higher grade from resection specimen.

## 10B. Esophagus Gastric Junction

Division for Staging:

10F. Esophagus Gastric Junction Adenocarcinoma

Histologies: 8050, 8140-8147, 8160-8162, 8170-8175, 8180-8221, 8250-8507, 8514-8551, 8571-8574, 8576, 8940-8941

10G. Esophagus Gastric Junction Squamous Cell Carcinoma

Histologies: 8000-8046, 8051-8131, 8148-8157, 8230-8249, 8508, 8510-8513, 8560-8570, 8575, 8905, 8980-8981

Staging Parameter: Grade

NOTE: Edit will pass with higher grade for clinical stage than stated in table, to allow for potential higher grade from resection specimen.

## 11. Stomach

## 12. Small Intestine

## 13. Appendix

13A. Appendix: Carcinoma

Staging Parameter: Grade for mucinous and non-mucinous tumors, as collected in CS SSF 11

NOTE: Edit will pass with higher grade for clinical stage than stated in table, to allow for potential higher grade from resection specimen.

13B. Appendix: Carcinoid

## 14. Colon and Rectum

## 15. Anus

## 16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Staging Parameter: Mitotic Count, as collected in CS SSF 6 for GIST Stomach, CS SSF 5 for GIST Omentum

NOTE: Edit will pass with higher mitotic rate for clinical stage than stated in table, to allow for potential higher mitotic rate from resection specimen.

16B. GIST: Small Intestine

**Primary Site, TNM Clin Stage Valid A-Ed 7 (COC)**

Staging Parameter: Mitotic Count, as collected in CS SSF 6 for GIST Esophagus and GIST Small

Intestine, CS SSF 11 for GIST Colon and Rectum, CS SSF 5 for GIST Mesentery

NOTE: Edit will pass with higher mitotic rate for clinical stage than stated in table, to allow for potential higher mitotic rate from resection specimen.

**17. Neuroendocrine Tumors (NET)**

17A. NET: Stomach

17B. NET: Small Intestine and Ampulla of Vater

17C. NET: Colon and Rectum

**18. Liver****19. Intrahepatic Bile Ducts****20. Gallbladder****21. Perihilar Bile Ducts****22. Distal Bile Duct****23. Ampulla of Vater****24. Exocrine and Endocrine Pancreas****25. Lung****26. Pleural Mesothelioma****27. Bone**

Division for Staging:

27A. Bone Non-Ewing

Histologies: 8800-9136, 9142-9252, 9261-9363, 9365-9582

Staging Parameter: Grade, for Non-Ewing

NOTE: Edit will pass with higher grade for clinical stage than stated in table, to allow for potential higher grade from resection specimen.

27B. Bone Ewing

Histologies: 9260, 9364

**28. Soft Tissue Sarcoma (not edited)**

Staging Parameter: Grade

Additional Information:

The stage tables used by this edit check that the stage group assignment is correct for the coded values in the TNM Clin T, TNM Clin N, TNM Clin M, and staging parameter fields (as detailed above). These stage tables are based on the tables published in the AJCC 7th Edition Staging Manual including any

**Primary Site, TNM Clin Stage Valid A-Ed 7 (COC)**

errata. In rare cases staging may be assigned that varies from strict adherence to the published staging tables. For example, a physician may assign a stage group when an unknown T category would dictate an unknown stage group. AJCC is also interested in identifying cases where in situ behavior may be the only diagnosis on pathologic examination of tissue from the primary site, while findings on examination of regional nodes or distant sites indicate metastatic involvement.

Over-ride TNM Tis is available to allow assignment of stage groups 1-4 with an in situ T category. This over-ride is also used in other edits that check coding of N and M categories with an in situ T category. Over-ride TNM Stage is available to allow assignment of stage groups in other circumstances that vary from the published staging tables.

First check that T, N, M, staging parameter, and stage group values are coded correctly. Verify any apparent staging anomalies with the staging physician. Also contact the AJCC forum for staging questions or consult published training materials for guidance on handling specific case circumstances where the staging tables do not seem to apply. If, after careful review and consultation, the staging that generated an edit failure is determined to be correct, set the relevant over-ride to 1, Over-ride Tis for an in situ case or Over-ride TNM Stage for other cases, and rerun the edit.

***Administrative Notes***

New edit - added to NAACCR v16 metafile

**Modifications****NAACCR v16A**

- Updated stage mapping in table referenced by logic for Thyroid, Esophagus, EsophagusGEJunction
- Updated description, edit logic to indicate that grade for site/histology group 028, Soft Tissue, is collected in the Grade field and not in CS Site-Specific Factor 1
- Removed "else" after special logic for TXN0M0 for site/histology group 025, causing edit to pass inappropriately for other sites
- Updated to not edit for site/histology group 028, Soft Tissue Sarcoma, issues with grade assignment, Description notes this group not edited
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837 to Edit Logic

**NAACCR v16B**

- Removed logic checking for Over-ride Site/TNM-StgGrp. This Over-ride allows pediatric cases to be coded with stage group 88. The stage tables do not look for combinations of 88 88 88 88, so any record with such a combination would not be edited with the edit. An edit failure based on incorrect setting of the Over-ride would duplicate the same edit failure in an edit that checks primary site, stage group values for 2016.
- Table referenced by edit updated: TIS,NX,M0, stage group changed to ERROR from 0

**Primary Site, TNM Clin Stage Valid B-Ed 7 (COC)**

- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

**NAACCR v16D**

- Added U7 to required TNM Edition Numbers
- Table referenced by edit updated, TXN2M0, Stage 3 for lung updated to TXN2M0, Stage 99
- Table referenced by edit updated, T4NXM0, Stage 3 for lung updated to T4NXM0, Stage 99
- Logic updated to pass T1,T2,T3, or T4 with N0M0 and unknown mitotic rate for site/histo groups 16A, 16B, GIST

**NAACCR v16E**

- Description, edit logic modified to validate stage for sites using grade as staging parameter when grade is higher than allowed for assigned stage. This change was made to allow correct staging when a grade for pathologic staging would be higher than the grade for clinical staging. There is only one grade field collected, the higher grade by registry coding guidelines, and the edit was enforcing the recorded grade in clinical stage evaluation. The sites using grade as a staging component include Appendix-Carcinoma, Esophagus/Esophagus GE Junction, Bone, Soft Tissue Sarcoma, and GIST (mitotic rate). Soft Tissue Sarcoma is not edited because of other grade concerns.
- Validation of clinical stage for Esophagus/GE Junction was moved into a separate edit for EditWriter 4, due to the program being unable to handle the added complexity of logic required for the modifications for this site within a single edit.
- EditWriter 5 is able to handle the logic for Esophagus/GE Junction within the single edit, and the separate edit Primary Site, TNM Cl Stge Valid Esoph-Ed 7 (COC) is not required for the SMF metafile.

**NAACCR v18**

- Description for site/histology group 16B, GIST, staging parameter, corrected to show that mitotic count for GIST Small Intestine is collected in SSF 6, not SSF 11.
- Over-ride TNM Tis and Over-ride TNM Stage added to over-ride edit if codes reviewed and confirmed correct, allowing assignment of stage value when physician staging or coding consultation does not match staging calculation in reference table. Over-ride TNM Tis allows assignment of stage groups 1-4 with in situ T category. Over-ride TNM Stage allows assignment of stage groups in other circumstances varying from published staging tables.
- Name changed, space removed before Ed

**Primary Site, TNM Clin Stage Valid B-Ed 7 (COC)**

Agency: COC

Last changed: 03/29/2018 14:30:33

*Edit Tag N2214****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |



**Primary Site, TNM Clin Stage Valid B-Ed 7 (COC)****Description**

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07,U7, 88
6. TNM Clin Stage Group is blank
7. TNM Clin T or TNM Clin M is blank

The purpose of this edit is to validate the coded TNM categories, and site-specific staging parameters where used, with the coded Stage Group assignments. The edit is used for site/histology groups in AJCC 7th Edition chapters 29 through 57. Some TNM chapters require elements in addition to T, N, and M categories, such as grade or mitotic rate. for correct stage assignment. In this edit description, these elements are called staging parameters. The edit will not be skipped but will pass if any of TNM Clin N or a required staging parameter is blank. (The exception for TNM Clin N allows for the possible coding of TNM Clin N as blank for site/histology group 39; if blank, TNM Clin N will be converted to "88" for the edit.)

The edit compares the combination of TNM Clin T, TNM Clin N, TNM Clin M categories, and staging parameter where required, with TNM Clin Stage Group.

The designation of "c" or "p" within the individual T, N, and M codes is ignored for this edit. Valid codes for individual fields (TNM Clin T, TNM Clin N, TNM Clin M, TNM Clin Stage Group), and for these individual fields by primary site, are checked in other edits.

An edit failure is returned if the Clin Stage Group is inconsistent with the expected group assignment for the coded T, N, M, and staging parameter if required, based on the AJCC stage tables. If a T, N, or M value is coded that is not included in the AJCC stage tables -- for example T4 is coded but only T4A and T4B are staged -- the stage assignment will not be checked and the edit will pass.

An edit failure is also returned if either the coded Clin Stage Group or the coded Path Stage Group returns "ERROR" from the lookup table, meaning that the combination of T, N, M, and staging parameter is invalid. Invalid combinations include TONOMO/MOI+; T in situ with positive N and/or positive M category; and a Testis stage with an invalid S category. An invalid S category results when one or more of the 3 site-specific factors required to determine the category (SSF 13-AFP, SSF 15-hCG, SSF 16-LDH) is coded 988, meaning not applicable.

If the case is reviewed and accepted as coded (Over-ride TNM Tis = 1 or Over-ride TNM Stage = 1), no further editing is done. See "Additional Information" in this description.

The site/histology groups are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The site/histology groups and group stage values are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7. Subdivisions of some groups were required for this edit; they are identified below with their criteria. Site-specific staging parameters are also identified. The description does not include the list of TNM categories, staging parameters, and stage groups; this information is contained in a table within EditWriter that contains

**Primary Site, TNM Clin Stage Valid B-Ed 7 (COC)**

around 14,000 records.

Site/histology groups 49, Carcinoma of Conjunctiva, 50, Malignant Melanoma of Conjunctiva, 52, Retinoblastoma, 53, Carcinoma of Lacrimal Gland, 54, Sarcoma of Orbit, 55, Ocular Adnexal Lymphoma, are listed below. However, staging for these site/histology groups is not validated by this edit, as no stage grouping applies. The T, N, M codes for site/histology groups 49, 50, 52, 53, 54, and 55 are validated in the edits Primary Site, T 2016 - Ed 7, Primary Site, N 2016 - Ed 7, and Primary Site, M 2016 - Ed 7.

Site/histology group 57A, Lymphoid Neoplasms, is also listed below. However, staging for 57A does not include T, N, and M components, and stage is not validated in this edit. The T, N, M codes for site/histology group 57A are validated in the edits Primary Site, T 2016 - Ed 7, Primary Site, N 2016 - Ed 7, and Primary Site, M 2016 - Ed 7. Stage group for 57A is validated in the edit Primary Site, Stage Group 2016 - Ed 7. Site/histology group 55, Ocular Adnexal Lymphoma, will pass this edit if coded as Lymphoma (T=88,N=88,M=88,Stage Group = stage from Ch 57), or as Ocular Adnexal Lymphoma (T=T from Ch 55, N=N from Ch 55, M=M from Ch 55, Stage Group = 88).

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

30. Merkel Cell Carcinoma

31. Melanoma of the Skin

32. Breast

33. Vulva

34. Vagina

35. Cervix Uteri

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

36C. Corpus Uteri: Adenosarcoma

37. Ovary and Peritoneal Carcinomas

37A. Ovary

37B. Peritoneal Carcinomas

38. Fallopian Tube

39. Gestational Trophoblastic Tumors

Staging Parameter: Prognostic Scoring Index as collected in CS SSF 1

40. Penis

41. Prostate

Division for Staging:

**Primary Site, TNM Clin Stage Valid B-Ed 7 (COC)**

- 41A. PSA: 988, 997, 998, 999
- 41B. PSA: 001-099
- 41C. PSA: 100-199
- 41D. PSA: 200-980

Staging Parameter: Gleason Score: As collected in CS SSF 8 for clinical stage

42. Testis

Staging Parameter: S value, based on calculation of:

post-orchietomy AFP range as collected in CS SSF 13,  
post-orchietomy hCG range as collected in CS SSF 15,  
post-orchietomy LDH range as collected in CS SSF 16

43. Kidney

44. Renal Pelvis and Ureter

45. Urinary Bladder

46. Urethra

47. Adrenal

- 47A. Adrenal Cortex
- 47B. Adrenal Cortical Carcinoma

48. Carcinoma of the Eyelid

49. Conjunctiva

50. Malignant Melanoma of the Conjunctiva

51. Malignant Melanoma of Uvea

- 51A. Ciliary Body and Choroid
- 51B. Iris

52. Retinoblastoma

53. Carcinoma of the Lacrimal Gland

54. Sarcoma of the Orbit

55. Ocular Adnexal Lymphoma

57. Lymphoid Neoplasms

- 57A. Hodgkin and Non-Hodgkin Lymphoma
- 57B. Primary Cutaneous Lymphomas

Staging Parameter: Peripheral blood involvement, as collected in CS SSF 1

Additional Information:

The stage tables used by this edit check that the stage group assignment is correct for the coded values in the TNM Clin T, TNM Clin N, TNM Clin M, and staging parameter fields (as detailed above). These stage tables are based on the tables published in the AJCC 7th Edition Staging Manual including any

**Primary Site, TNM Clin Stage Valid B-Ed 7 (COC)**

errata. In rare cases staging may be assigned that varies from strict adherence to the published staging tables. For example, a physician may assign a stage group when an unknown T category would dictate an unknown stage group. AJCC is also interested in identifying cases where in situ behavior may be the only diagnosis on pathologic examination of tissue from the primary site, while findings on examination of regional nodes or distant sites indicate metastatic involvement.

Over-ride TNM Tis is available to allow assignment of stage groups 1-4 with an in situ T category. This over-ride is also used in other edits that check coding of N and M categories with an in situ T category. Over-ride TNM Stage is available to allow assignment of stage groups in other circumstances that vary from the published staging tables.

First check that T, N, M, staging parameter, and stage group values are coded correctly. Verify any apparent staging anomalies with the staging physician. Also contact the AJCC forum for staging questions or consult published training materials for guidance on handling specific case circumstances where the staging tables do not seem to apply. If, after careful review and consultation, the staging that generated an edit failure is determined to be correct, set the relevant over-ride to 1, Over-ride Tis for an in situ case or Over-ride TNM Stage for other cases, and rerun the edit.

***Administrative Notes***

New edit - added to NAACCR v16 metafile

**Modifications****NAACCR v16A**

- Added stage mapping to table referenced by logic for T1A, T1B, T2A, T2B to site/group 57B, Primary Cutaneous Lymphoma
- Corrected site group in edit logic, 41E to 41A, defined for Prostate where CS Site-Specific Factor 1 = 988, 997, 998, 999
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837 to Edit Logic

**NAACCR v16B**

- Removed logic checking for Over-ride Site/TNM-StgGrp. This Over-ride allows pediatric cases to be coded with stage group 88.

The

stage tables do not look for combinations of 88 88 88 88, so any record with such a combination would not be edited with the edit.

An

edit failure based on incorrect setting of the Over-ride would duplicate the same edit failure in an edit that checks primary site, stage group values for 2016.

- Table referenced by edit updated: TA,NX,M0, stage group changed to ERROR from 0A; TISD,NX,M0,stage group changed to ERROR

**Primary Site, TNM M - c,p pre2016 (NPCR)**

from OIS; TISU,NX,M0, stage group changed to ERROR from OIS; TIS,NX,M0, stage group changed to ERROR from 0

- Table referenced by logic updated, stage groups for 042 limited to cases with category TIS or TX with SX
- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

**NAACCR v16D**

- Added U7 to required TNM Edition Numbers
- Staging table referenced by edit updated for site/histology groups 032 (Breast), 51A (Uveal Melanoma), and 57B (Primary Cutaneous Lymphoma), values for NOS stage groups not listed in AJCC 7th Edition changed to 99 (e.g., 032, T4NXM0, Stage group 3, changed to T4NXM0, Stage group 99)
- Table referenced by edit updated, 57B, rows for T1A,T1B,T2A,T2B, M0 added

**NAACCR v16E**

- Updated Description for site/histology group 42, Testis, to read AFP range and hCG range, rather than AFP value and hCG value

**NAACCR v18**

- Over-ride TNM Tis and Over-ride TNM Stage added to over-ride edit if codes reviewed and confirmed correct, allowing assignment of stage value when physician staging or coding consultation does not match staging calculation in reference table. Over-ride TNM Tis allows assignment of stage groups 1-4 with in situ T category. Over-ride TNM Stage allows assignment of stage groups in other circumstances varying from published staging tables.
- Table referenced by edit, for 57B, all stage group 1A,1B,2A,2B,3A with BX, stage group changed to 99

**Primary Site, TNM M - c,p pre2016 (NPCR)**

Agency: NPCR

Last changed: 02/07/2018 22:11:11

Edit Tag N2303

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if any of the following conditions is true:

**Primary Site, TNM M - c,p pre2016 (NPCR)**

1. Year of Date of Diagnosis is less than 2014, blank (unknown), or invalid or diagnosis date is greater than 2015.
  2. Type of Reporting Source = 7 (Death Certificate Only)
  4. Histologic Type ICD-O-3 is blank
  5. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
  6. TNM Edition Number is not = 07 and not = 88
  7. TNM Clin M and TNM Path M are both blank
- )

TNM Clin M and TNM Path M may be blank. If entered, they will be edited site-specifically. The edit will check valid TNM Clin M and TNM Path M codes either with or without the "c" or "p" component.

The site-specific TNM M values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic M codes are listed under TNM M. When there is a difference in allowable values for clinical and pathologic M codes, they will be specified separately.

**3. Lip and Oral Cavity****Sites:**

C000-C006, C008, C009  
 C020-C023, C028, C029  
 C030, C031, C039  
 C040, C041, C048, C049  
 C050, C058, C059  
 C060-C062, C068, C069

**Histologies Requiring AJCC Staging:**

8000-8576, 8940-8950, 8980-8981

**TNM M:**

Clin: 0,1  
 Path: 1

**4. Pharynx****4A. Oropharynx and Hypopharynx****Sites:**

C019, C024  
 C051-C052  
 C090-C091, C098-C099  
 C100, C102-C104, C108-C109  
 C129  
 C130-C132, C138-C139

**Histologies Requiring AJCC Staging:**

8000-8576, 8940-8950, 8980-8981

**TNM M:**

Clin: 0,1  
 Path: 1

**4B. Nasopharynx****Sites:**

C110, C112-C113, C118-C119

**Histologies Requiring AJCC Staging:**

**Primary Site, TNM M - c,p pre2016 (NPCR)**

8000-8576, 8940-8950, 8980-8981

## 4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

## 4D. Oropharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

## 5. Larynx

## 5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

## 5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM M:

Clin: 0,1

Path: 1

## 6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

## 7. Major Salivary Glands

**Primary Site, TNM M - c,p pre2016 (NPCR)**

## Sites:

C079

C080,C081,C088,C089

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

## TNM M:

Clin: 0,1, 88

Path: 1, 88

## 8. Thyroid Gland

## 8A. Thyroid: Papillary/follicular, age less than 045

## Sites:

C739

## Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

## Age at Diagnosis: less than 045

## Grade: 1-3 or 9

## TNM M:

Clin: 0,1, 88

Path: 1, 88

## 8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

## Sites:

C739

## Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

## Age at Diagnosis: greater than or equal to 045, but not equal 999

## Grade: 1-3 or 9

## TNM M:

Clin: 0,1, 88

Path: 1, 88

## 8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

## Sites:

C739

## Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,

8514-8576, 8940-8950, 8980-8981

## Age at Diagnosis: equal 999

## Grade: 1-3 or 9

## TNM M:

Clin: 0,1, 88

Path: 1, 88

## 8D. Thyroid: Medullary

## Sites:

C739

## Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

## Grade: 1-3 or 9



**Primary Site, TNM M - c,p pre2016 (NPCR)**

TNM M:

Clin: 0,1, 88

Path: 1, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM M:

Clin: 0,1

Path: 1

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

TNM M:

Clin: 0,1

Path: 1

## 9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109

C110-C113, C118-C119

C129

C132, C138-C139

C140, C142, C148

C300

C310-C311

C320-C323, C328-C329

Histologies Requiring AJCC Staging:

8720-8790

TNM M:

Clin: 0,1, 88

Path: 1, 88

## 10. Esophagus and Esophagus Gastric Junction

10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

**Primary Site, TNM M - c,p pre2016 (NPCR)**

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

## 10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

TNM M:

Clin: 0,1

Path: 1

## 11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =

000, 030, 100, 999

C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =

981

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM M:

Clin: 0,1

Path: 1

## 12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

## 13. Appendix

## 13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1,1A,1B

Path: 1,1A,1B

## 13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

**Primary Site, TNM M - c,p pre2016 (NPCR)**

TNM M:

Clin: 0,1, 88

Path: 1, 88

## 14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1,1A,1B

Path: 1,1A,1B

## 15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

## 16. Gastrointestinal Stromal Tumor (GIST)

## 16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM M:

Clin: 0,1, 88

Path: 1, 88

## 16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM M:

Clin: 0,1, 88

Path: 1, 88

## 17. Neuroendocrine Tumors (NET)

**Primary Site, TNM M - c,p pre2016 (NPCR)**

17A. NET: Stomach

Sites:

C160-C169

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM M:

Clin: 0,1

Path: 1

17B. NET: Small Intestine and Ampulla of Vater

Sites:

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM M:

Clin: 0,1, 88

Path: 1, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM M:

Clin: 0,1, 88

Path: 1, 88

18. Liver

18A. Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM M:

Clin: 0,1,88

Path: 1,88

18B. Sites:

C221

Histologies Requiring AJCC Staging:

8170-8175

TNM M:

Clin: 0,1,88

Path: 1,88

19. Intrahepatic Bile Ducts

19A. Sites:

C220

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM M:

Clin: 0,1,88

Path: 1,88

**Primary Site, TNM M - c,p pre2016 (NPCR)**

## 19B. Sites:

C221

## Histologies Requiring AJCC Staging:

8160, 8161, 8180

## TNM M:

Clin: 0,1

Path: 1

## 20. Gallbladder

## Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

## TNM M:

Clin: 0,1

Path: 1

## 21. Perihilar Bile Ducts

## Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,  
060, 999

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

## TNM M:

Clin: 0,1

Path: 1

## 22. Distal Bile Duct

## Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

## TNM M:

Clin: 0,1

Path: 1

## 23. Ampulla of Vater

## Sites:

C241

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

## TNM N:

## TNM M:

Clin: 0,1

Path: 1

## 24. Exocrine and Endocrine Pancreas

**Primary Site, TNM M - c,p pre2016 (NPCR)**

## Sites:

C250-C254, C257-C259

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

## TNM M:

Clin: 0,1

Path: 1

## 25. Lung

## Sites:

C340-C343, C348, C349

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM M:

Clin: 0,1,1A,1B

Path: 1,1A,1B

## 26. Pleural Mesothelioma

## Sites:

C384

## Histologies Requiring AJCC Staging:

9050-9053

## TNM M:

Clin: 0,1

Path: 1

## 27. Bone

## Sites:

C400-C403, C408-C409

C410-C414, C418-C419

## Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

## TNM M:

Clin: 0,1.1A.1B

Path: 1.1A,1B

## 28. Soft Tissue Sarcoma

## Peritoneum - not female

## Sites:

C481-C482, C488

## Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

CS Site-Specific Factor25 = not 002 (that is, not female)

## Peritoneum - female

## Sites:

C481-C482, C488

## Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

**Primary Site, TNM M - c,p pre2016 (NPCR)**

CS Site-Specific Factor25 = 002 (female)

HeartMediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

TNM M:

Clin: 0,1

Path: 1

## 29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

## 30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,

C510-C512, C518-C519

C600-C602, C608-C609

C632

Histologies Requiring AJCC Staging:

8247

TNM M:

Clin: 0,1,1A,1B,1C

Path: 1,1A,1B,1C

## 31. Melanoma of the Skin

Sites:

C440-C449

C510-C512, C518, C519

C600-C602, C608, C609

C632

Histologies Requiring AJCC Staging:

8270-8290

TNM M:

Clin: 0,1,1A,1B,1C

Path: 1,1A,1B,1C

**Primary Site, TNM M - c,p pre2016 (NPCR)**

## 32. Breast

## Sites:

C500-C506,C508,C509

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

## TNM M:

Clin: 0,0I+,1

Path: 1

## 33. Vulva

## Sites:

C510-C512,C518,C519

## Histologies Requiring AJCC Staging:

8000-8246, 8248-8276, 8940-8950, 8980-8981

## TNM M:

Clin: 0,1

Path: 1

## 34. Vagina

## Sites:

C529

## Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

## TNM M:

Clin: 0,1

Path: 1

## 35. Cervix Uteri

## Sites:

C530,C531,C538,C539

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM M:

Clin: 0,1

Path: 1

## 36. Corpus Uteri

## 36A. Corpus Uteri: Carcinomas

## Sites

C540-C543, C548-C549

C559

## Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

## TNM M:

Clin: 0,1

Path: 1



**Primary Site, TNM M - c,p pre2016 (NPCR)**

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM M:

Clin: 0,1,88

Path: 1,88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM M:

Clin: 0,1,88

Path: 1,88

37. Ovary and Peritoneal Carcinomas

37A. Ovary

Sites:

C569

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

TNM M:

Clin: 0,1, 88

Path: 1, 88

37B. Peritoneal Carcinomas

Sites:

C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific  
Factor 25) = 002

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

TNM M:

Clin: 0,1

Path: 1

38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

**Primary Site, TNM M - c,p pre2016 (NPCR)**

9100-9105

TNM M:

Clin: 0,1,1A,1B,88

Path: 1,1A,1B,88

## 40. Penis

Sites:

C600-C602,C608,C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

## 41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1,1A,1B,1C, 88

Path: 1,1A,1B,1C, 88

## 42. Testis

Sites:

C620,C621,C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM M:

Clin: 0,1,1A,1B

Path: 1,1A,1B

## 43. Kidney

Sites:

C649

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1, 88

Path: 1, 88

## 44. Renal Pelvis and Ureter

Sites:

C659

C669

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

**Primary Site, TNM M - c,p pre2016 (NPCR)**

TNM M:

Clin: 0,1

Path: 1

## 45. Urinary Bladder

Sites:

C670-C679

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

## 46. Urethra

Sites:

C680

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

## 47. Adrenal

## 47A. Adrenal Cortex

Sites:

C740

Histologies Requiring AJCC Staging:

8010, 8140, 8370

TNM M:

Clin: 0,1, 88

Path: 1, 88

## 47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM M:

Clin: 0,1, 88

Path: 1, 88

## 48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM M:

Clin: 0,1

Path: 1

**Primary Site, TNM M - c,p pre2016 (NPCR)**

## 49. Conjunctiva

## Sites:

C690

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM M:

Clin: 0,1

Path: 1

## 50. Malignant Melanoma of the Conjunctiva

## Sites:

C690

## Histologies Requiring AJCC Staging:

8720-8790

## TNM M:

Clin: 0,1

Path: 1

## 51. Malignant Melanoma of Uvea

## 51A. Ciliary Body and Choroid

## Sites:

C693

C694 (CS Site-Specific Factor 25 = 010 or 999)

## Histologies Requiring AJCC Staging:

8720-8790

## TNM M:

Clin: 0,1,1A,1B,1C,88

Path: 1,1A,1B,1C,88

## 51B. Iris

## Sites:

C694 (CS Site-Specific Factor 25 = 020)

## Histologies Requiring AJCC Staging:

8720-8790

## TNM M:

Clin: 0,1,1A,1B,1C,88

Path: 1,1A,1B,1C,88

## 52. Retinoblastoma

## Sites:

C692

## Histologies Requiring AJCC Staging:

9510-9514

## TNM M:

Clin: 0,1,1A,1B,1C,1D,1E

Path: 1,1A,1B,1C,1D,1E

## 53. Carcinoma of the Lacrimal Gland

**Primary Site, TNM M - c,p pre2016 (NPCR)**

## Sites:

C695 and CS Site-Specific Factor25 = 015

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM M:

Clin: 0,1

Path: 1

## 54. Sarcoma of the Orbit

## Sites:

C696, C698

## Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

## TNM M:

Clin: 0,1, 88

Path: 1, 88

## 55. Ocular Adnexal Lymphoma

## Sites:

C441, C690, C695-C696

## Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

## TNM M:

Clin: 0,1,1A,1B,1C

Path: 1,1A,1B,1C

## 56. Brain and Spinal Cord

## Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

## Histologies Requiring AJCC Staging:

8000, 8680-9136, 9141-9582

## TNM M:

88

## 57. Lymphoid Neoplasms

## 57A. Hodgkin and Non-Hodgkin

## Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

## Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738, 9811-9818, 9823, 9827, 9837

## TNM M:

88

## 57B. Primary Cutaneous Lymphomas

## Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

## Histologies Requiring AJCC Staging:

9700, 9701

**Primary Site, TNM N - c,p pre2016 (NPCR)**

TNM M:

Clin: 0,1,88

Path: 1,88

All Others

TNM M:

88

***Administrative Notes***

New edit - added to NAACCR v16 metafile. This edit is based on

Primary Site, AJCC M - Ed 7 ICD03, but it checks TNM Clin M and TNM Path M values for pre-2016 diagnoses coded either with or without "c" and "p" components. This edit could be used for either converted cases or pre2016 cases diagnosed in 2016 software.

**Primary Site, TNM N - c,p pre2016 (NPCR)**

Agency: NPCR

Last changed: 02/07/2018 22:11:11

*Edit Tag N2305****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2014, blank (unknown), or invalid, or date of diagnosis is greater than 2015
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07, U7, 88
6. TNM Clin N and TNM Path N are both blank

TNM Clin N and TNM Path N may be blank. If entered, they will be edited site-specifically. The edit will check valid TNM Clin N and TNM Path N codes either with or without the "c" or "p" component.

The site-specific TNM N values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic N codes are listed under TNM N. When there is a difference in allowable values for clinical and pathologic N codes, they will be specified separately.

## 3. Lip and Oral Cavity

Sites:

C000-C006, C008, C009

C020-C023, C028, C029

C030, C031, C039

**Primary Site, TNM N - c,p pre2016 (NPCR)**

C040,C041,C048,C049

C050,C058,C059

C060-C062,C068,C069

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

## 4. Pharynx

## 4A. Oropharynx and Hypopharynx

Sites:

C019, C024

C051-C052

C090-C091, C098-C099

C100, C102-C104, C108-C109

C129

C130-C132, C138-C139

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

## 4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3,3A,3B

## 4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3,3A,3B

## 4D. Oropharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

## 5. Larynx

## 5A. Supraglottis, Subglottis, Other

Sites:

**Primary Site, TNM N - c,p pre2016 (NPCR)**

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM N:

X,0,1,2,2A,2B,2C,3

## 6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,2A,2B,2C,3

## 7. Major Salivary Glands

Sites:

C079

C080,C081,C088,C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM N:

X,0,1,2,2A,2B,2C,3, 88

## 8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,  
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

TNM N:

X,0,1,1A,1B, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,  
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

TNM N:



**Primary Site, TNM N - c,p pre2016 (NPCR)**

X,0,1,1A,1B, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,  
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

TNM N:

X,0,1,1A,1B, 88

8D. Thyroid: Medullary

Sites:

C739

Histologies Requiring AJCC Staging:

8345-8347, 8430, 8510, 8512-8513

Grade: 1-3 or 9

TNM N:

X,0,1,1A,1B, 88

8E. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8020-8021, 8030-8032

TNM N:

X,0,1,1A,1B

8F. Thyroid: Anaplastic

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Grade: 4

TNM N:

X,0,1,1A,1B

9. Mucosal Melanoma of the Head and Neck

Sites:

C000-C006, C008-C009

C019

C020-C024, C028-C029

C030-C031, C039

C040-C041, C048-C049

C050-C052, C058-C059

C060-C062, C068-C069

C090-C091, C098-C099

C100-C104, C108-C109

C110-C113, C118-C119

C129

C132, C138-C139

C140, C142, C148

C300

C310-C311

**Primary Site, TNM N - c,p pre2016 (NPCR)**

C320-C323, C328-C329

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

X,0,1, 88

## 10. Esophagus and Esophagus Gastric Junction

## 10A. Esophagus

Sites:

C150-C155, C158-C159

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

## 10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

TNM N:

X,0,1,2,3

## 11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =

000, 030, 100, 999

C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =

981

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM N:

X,0,1,2,3.3A,3B

## 12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

## 13. Appendix

## 13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

**Primary Site, TNM N - c,p pre2016 (NPCR)**

TNM N:

X,0,1,2,3

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM N:

X,0,1, 88

14. Colon and Rectum

Sites:

C180, C182-C189

C199

C209

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,1A,1B,1C,2,2A,2B

15. Anus

Sites:

C210-C212, C218

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2,3

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Sites:

C160-C169

C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM N:

X,0,1, 88

16B. GIST: Small Intestine

Sites:

C150-C159

C170-C172, C178, C179

C180-C189

C199

C209

C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

Histologies Requiring AJCC Staging:

8935-8936

TNM N:

X,0,1, 88

**Primary Site, TNM N - c,p pre2016 (NPCR)**

## 17. Neuroendocrine Tumors (NET)

## 17A. NET: Stomach

## Sites:

C160-C169

## Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

## TNM N:

X,0,1

## 17B. NET: Small Intestine and Ampulla of Vater

## Sites:

C170-C179

C241

## Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

## TNM N:

X,0,1, 88

## 17C. NET: Colon and Rectum

## Sites:

C180, C182-C189

C199, C209

## Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

## TNM N:

X,0,1, 88

## 18. Liver

## 18A. Sites:

C220

## Histologies Requiring AJCC Staging:

8170-8175

## TNM N:

X,0,1,88

## 18B. Sites:

C221

## Histologies Requiring AJCC Staging:

8170-8175

## TNM N:

X,0,1,88

## 19. Intrahepatic Bile Ducts

## 19A. Sites:

C220

## Histologies Requiring AJCC Staging:

8160, 8161, 8180

## TNM N:

X,0,1, 88

## 19B. Sites:

C221

**Primary Site, TNM N - c,p pre2016 (NPCR)**

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM N:

X,0,1

## 20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

## 21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,  
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,2

## 22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

## 23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

## 24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

TNM N:

X,0,1

**Primary Site, TNM N - c,p pre2016 (NPCR)**

## 25. Lung

## Sites:

C340-C343, C348, C349

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM N:

X, 0, 1, 2, 3

## 26. Pleural Mesothelioma

## Sites:

C384

## Histologies Requiring AJCC Staging:

9050-9053

## TNM N:

X, 0, 1, 2, 3

## 27. Bone

## Sites:

C400-C403, C408-C409

C410-C414, C418-C419

## Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

## TNM N:

X, 0, 1

## 28. Soft Tissue Sarcoma

Peritoneum - not female

## Sites:

C481-C482, C488

## Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

CS Site-Specific Factor25 = not 002 (that is, not female)

Peritoneum - female

## Sites:

C481-C482, C488

## Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

CS Site-Specific Factor25 = 002 (female)

HeartMediastinum, Soft Tissue

## Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

## Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

## Sites:

C480

**Primary Site, TNM N - c,p pre2016 (NPCR)**

## Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

## TNM N:

X,0,1

## 29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

## Sites:

C440, C442-C449, C632

## Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

## TNM N:

X,0,1,2,2A,2B,2C,3

## 30. Merkel Cell Carcinoma

## Sites:

C440, C442-C449,  
C510-C512, C518-C519  
C600-C602, C608-C609  
C632

## Histologies Requiring AJCC Staging:

8247

## TNM N:

X,0,1,1A,1B,2

## 31. Melanoma of the Skin

## Sites:

C440-C449  
C510-C512,C518,C519  
C600-C602, C608, C609  
C632

## Histologies Requiring AJCC Staging:

8720-8790

## TNM N:

X,0,1,1A,1B,2,2A,2B,2C,3

## 32. Breast

## Sites:

C500-C506,C508,C509

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

## TNM N:

Clin: X,0,1,2,2A,2B,3,3A,3B,3C

Path: X,0,0I-,0I+,0M-,0M+,1,1A,1B,1C,1MI,2,2A,2B,3,3A,3B,3C

## 33. Vulva

## Sites:

C510-C512,C518,C519

**Primary Site, TNM N - c,p pre2016 (NPCR)**

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM N:

X,0,1,1A,1B,2,2A,2B,2C,3

## 34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

TNM N:

X,0,1

## 35. Cervix Uteri

Sites:

C530,C531,C538,C539

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

## 36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

Sites

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

TNM N:

X,0,1,2

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

TNM N:

X,0,1,88

36C. Corpus Uteri: Adenosarcoma

Sites:

C540-C543, C548-C549

C559

Histologies Requiring AJCC Staging:

8933

TNM N:

X,0,1,88

## 37. Ovary and Peritoneal Carcinomas



**Primary Site, TNM N - c,p pre2016 (NPCR)**

## 37A. Ovary

## Sites:

C569

## Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

## TNM N:

X,0,1, 88

## 37B. Peritoneal Carcinomas

## Sites:

C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific  
Factor 25) = 002

## Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

## TNM N:

X,0,1

## 38. Fallopian Tube

## Sites:

C570

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM N:

X,0,1

## 39. Gestational Trophoblastic Tumors

## Sites:

C589

## Histologies Requiring AJCC Staging:

9100-9105

## TNM N:

0, 88

## 40. Penis

## Sites:

C600-C602,C608,C609

## Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

## TNM N:

X,0,1,2,3

## 41. Prostate

## Sites:

C619

## Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

## TNM N:

X,0,1, 88

## 42. Testis

**Primary Site, TNM N - c,p pre2016 (NPCR)**

## Sites:

C620,C621,C629

## Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

## TNM N:

X,0,1,2,3

## 43. Kidney

## Sites:

C649

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM N:

X,0,1, 88

## 44. Renal Pelvis and Ureter

## Sites:

C659

C669

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM N:

X,0,1,2,3

## 45. Urinary Bladder

## Sites:

C670-C679

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM N:

X,0,1,2,3

## 46. Urethra

## Sites:

C680

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM N:

X,0,1,2

## 47. Adrenal

## 47A. Adrenal Cortex

## Sites:

C740

## Histologies Requiring AJCC Staging:

8010, 8140, 8370

## TNM N:

**Primary Site, TNM N - c,p pre2016 (NPCR)**

X,0,1, 88

## 47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM N:

X,0,1, 88

## 48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

## 49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

## 50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

Clin: X,0,0A,0B,1

Path: X,0,1

## 51. Malignant Melanoma of Uvea

## 51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010 or 999)

Histologies Requiring AJCC Staging:

8720-8790

TNM N:

X,0,1,88

## 51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

8720-8790

**Primary Site, TNM N - c,p pre2016 (NPCR)**

TNM N:

X,0,1,88

## 52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

TNM N:

X,0,1,2

## 53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM N:

X,0,1

## 54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM N:

X,0,1

## 55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM N:

X,0,1,2,3,4

## 56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136, 9141-9582

TNM N:

88

## 57. Lymphoid Neoplasms

57A. Hodgkin and Non-Hodgkin

Sites:

**Primary Site, TNM Path Stage Valid A-Ed 7 (COC)**

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738, 9811-9818, 9823, 9827, 9837

TNM N:

88

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700, 9701

TNM N:

X, 0, 1, 1A, 1B, 2, 2A, 2B, 3, 88

All Others

TNM N:

88

***Administrative Notes***

New edit - added to NAACCR v16 metafile. This edit is based on

Primary Site, AJCC N - Ed 7 ICD03, but it checks TNM Clin N and TNM Path N values for pre-2016 diagnoses coded either with or

without "c" and "p" components. This edit could be used for either converted cases or pre2016 cases diagnosed in 2016 software.

**Modifications**

NAACCR v18

- Extra space removed from edit name

**Primary Site, TNM Path Stage Valid A-Ed 7 (COC)**

Agency: COC

Last changed: 03/29/2018 14:34:08

*Edit Tag* N2415***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. TNM Edition Number is not = 07,U7, 88
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Path Stage Group is blank

**Primary Site, TNM Path Stage Valid A-Ed 7 (COC)**

- 6. TNM Path T, TNM Path N, or TNM Path M is blank
- 7. TNM Path Descriptor = 4 or 6

The purpose of this edit is to validate the coded TNM categories, and site-specific staging parameters where used, with the coded Stage Group assignments. The edit is used for site/histology groups in AJCC 7th Edition chapters 3 through 28. Some TNM chapters require elements in addition to T, N, and M categories, such as grade or mitotic rate. for correct stage assignment. In this edit description, these elements are called staging parameters. The edit will not be skipped but will pass if a required staging parameter is blank.

The edit compares the combination of TNM Path T, TNM Path N, TNM Path M categories, and staging parameter where required, with TNM Path Stage Group. The edit is skipped if TNM Path Descriptor is 4 or 6, indicating stage assignment after neoadjuvant treatment. (With neoadjuvant treatment, combinations of T, N, M and staging parameters are allowed that would not be valid otherwise.)

The designation of "c" or "p" within the individual T, N, and M codes is ignored for this edit. Valid codes for individual fields (TNM Path T, TNM Path N, TNM Path M, TNM Path Stage Group), and for these individual fields by primary site, are checked in other edits.

An edit failure is returned if the Path Stage Group is inconsistent with the expected group assignment for the coded T, N, M, and staging parameter if required, based on the AJCC stage tables. If a T, N, or M value is coded that is not included in the AJCC stage tables -- for example T4 is coded but only T4A and T4B are staged -- the stage assignment will not be checked and the edit will pass.

An edit failure is also returned if either the coded Path Stage Group returns "ERROR" from the lookup table, meaning that the combination of T, N, M, and staging parameter is invalid. Invalid combinations include T0N0M0/M0I+; T in situ with positive N and/or positive M category; and a Testis stage with an invalid S category. An invalid S category results when one or more of the 3 site-specific factors required to determine the category (SSF 13-AFP, SSF 15-hCG, SSF 16-LDH) is coded 988, meaning not applicable.

If the case is reviewed and accepted as coded (Over-ride TNM Tis = 1 or Over-ride TNM Stage = 1), no further editing is done. See "Additional Information" in this description.

The site/histology groups are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The site/histology groups and group stage values are identified by site and histology in the edit Primary Site, Stage Group 2016 - Ed 7. Subdivisions of some groups were required for this edit; they are identified below with their criteria. Site-specific staging parameters are also identified. The description does not include the list of TNM categories, staging parameters, and stage groups; this information is contained in a table within EditWriter that contains around 14,700 records.

3. Lip and Oral Cavity

4. Pharynx

4A. Oropharynx and Hypopharynx

**Primary Site, TNM Path Stage Valid A-Ed 7 (COC)**

- 4B. Nasopharynx
- 4C. Nasopharynx
- 4D. Oropharynx - Pharyngeal Tonsil

## 5. Larynx

- 5A. Supraglottis, Subglottis, Other
- 5B. Glottis

## 6. Nasal Cavity and Paranasal Sinuses

## 7. Major Salivary Glands

## 8. Thyroid Gland

- 8A. Thyroid: Papillary/follicular, age less than 045
- 8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999
- 8C. Thyroid: Papillary/follicular, age equal 999 (unknown)
- 8D. Thyroid: Medullary
- 8E. Thyroid: Anaplastic
- 8F. Thyroid: Anaplastic

## 9. Mucosal Melanoma of the Head and Neck

## 10. Esophagus and Esophagus Gastric Junction

## 10A. Esophagus

## Division for Staging:

- 10C. Esophagus Adenocarcinoma
  - Histologies: 8050, 8140-8147, 8160-8162, 8170-8175, 8180-8221, 8250-8507, 8514-8551, 8571-8574, 8576, 8940-8941
- 10D. Esophagus Squamous Cell Carcinoma
  - Histologies: 8000-8046, 8051-8131, 8148-8157, 8230-8249, 8508, 8510-8513, 8560-8570, 8575, 8905, 8980-8981
  - Sites and TNM not included in 10E, 10H
  - 10E. Esophagus Squamous Cell Carcinoma
    - Site, TNM: C150, C151, C153, C154, pT2pN0cM0, pT3pN0cM0
  - 10H. Esophagus Squamous Cell Carcinoma
    - Site, TNM: C152, C155, C158, C159 pT2pN0cM0, pT3pN0cM0

Staging Parameter: Grade

## 10B. Esophagus Gastric Junction

## Division for Staging:

- 10F. Esophagus Gastric Junction Adenocarcinoma
  - Histologies: 8050, 8140-8147, 8160-8162, 8170-8175, 8180-8221, 8250-8507, 8514-8551, 8571-8574, 8576, 8940-8941
- 10G. Esophagus Gastric Junction Squamous Cell Carcinoma
  - Histologies: 8000-8046, 8051-8131, 8148-8157, 8230-8249, 8508, 8510-8513, 8560-8570, 8575, 8905, 8980-8981

Staging Parameter: Grade

## 11. Stomach

**Primary Site, TNM Path Stage Valid A-Ed 7 (COC)**

12. Small Intestine

13. Appendix

13A. Appendix: Carcinoma

Staging Parameter: Grade for mucinous and non-mucinous tumors, as collected in CS SSF 11

13B. Appendix: Carcinoid

14. Colon and Rectum

15. Anus

16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

Staging Parameter: Mitotic Count, as collected in CS SSF 6 for GIST Stomach, CS SSF 5 for GIST Omentum

16B. GIST: Small Intestine

Staging Parameter: Mitotic Count, as collected in CS SSF 6 for GIST Esophagus and GIST Small Intestine, CS SSF 11 for GIST Colon and Rectum, CS SSF 5 for GIST Mesentery

17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

17B. NET: Small Intestine and Ampulla of Vater

17C. NET: Colon and Rectum

18. Liver

19. Intrahepatic Bile Ducts

20. Gallbladder

21. Perihilar Bile Ducts

22. Distal Bile Duct

23. Ampulla of Vater

24. Exocrine and Endocrine Pancreas

25. Lung

26. Pleural Mesothelioma

27. Bone

Division for Staging:

27A. Bone Non-Ewing

Histologies: 8800-9136, 9142-9252, 9261-9363, 9365-9582



**Primary Site, TNM Path Stage Valid A-Ed 7 (COC)**

Staging Parameter: Grade, for Non-Ewing

27B. Bone Ewing  
Histologies: 9260, 9364

28. Soft Tissue Sarcoma (not edited)

Staging Parameter: Grade

Additional Information:

The stage tables used by this edit check that the stage group assignment is correct for the coded values in the TNM Clin T, TNM Clin N, TNM Clin M, and staging parameter fields (as detailed above). These stage tables are based on the tables published in the AJCC 7th Edition Staging Manual including any errata. In rare cases staging may be assigned that varies from strict adherence to the published staging tables. For example, a physician may assign a stage group when an unknown T category would dictate an unknown stage group. AJCC is also interested in identifying cases where in situ behavior may be the only diagnosis on pathologic examination of tissue from the primary site, while findings on examination of regional nodes or distant sites indicate metastatic involvement.

Over-ride TNM Tis is available to allow assignment of stage groups 1-4 with an in situ T category. This over-ride is also used in other edits that check coding of N and M categories with an in situ T category. Over-ride TNM Stage is available to allow assignment of stage groups in other circumstances that vary from the published staging tables.

First check that T, N, M, staging parameter, and stage group values are coded correctly. Verify any apparent staging anomalies with the staging physician. Also contact the AJCC forum for staging questions or consult published training materials for guidance on handling specific case circumstances where the staging tables do not seem to apply. If, after careful review and consultation, the staging that generated an edit failure is determined to be correct, set the relevant over-ride to 1, Over-ride Tis for an in situ case or Over-ride TNM Stage for other cases, and rerun the edit.

***Administrative Notes***

New edit - added to NAACCR v16 metafile

**Modifications****NAACCR v16A**

- Updated stage mapping in table referenced by logic for Thyroid, Esophagus, EsophagusGEJunction
- Updated description, edit logic to indicate that grade for site/histology group 028, Soft Tissue, is collected in the Grade field and not in

**CS Site-Specific Factor 1**

- Removed "else" after special logic for TXN0M0 for Lung, causing edit to pass inappropriately for other sites
- Updated to not edit for site/histology group 028, Soft Tissue Sarcoma, issues with grade assignment, Description notes this group

**Primary Site, TNM Path Stage Valid B-Ed 7 (COC)**

not

edited

- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837 to Edit Logic

**NAACCR v16B**

- Removed logic checking for Over-ride Site/TNM-StgGrp. This Over-ride allows pediatric cases to be coded with stage group 88.

The

stage tables do not look for combinations of 88 88 88 88, so any record with such a combination would not be edited with the edit.

An

edit failure based on incorrect setting of the Over-ride would duplicate the same edit failure in an edit that checks primary site, stage group values for 2016.

- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

**NAACCR v16D**

- Added U7 to required TNM Edition Numbers
- Table referenced by edit updated, TXN2M0, Stage 3 for lung updated to TXN2M0, Stage 99
- Table referenced by edit updated, T4NXM0, Stage 3 for lung updated to T4NXM0, Stage 99
- Logic updated to pass T1,T2,T3, or T4 with N0M0 and unknown mitotic rate for site/histo groups 16A, 16B, GIST

**NAACCR v18**

- Description for site/histology group 16B, GIST, staging parameter, corrected to show that mitotic count for GIST Small Intestine is collected in SSF 6, not SSF 11.
- Over-ride TNM Tis and Over-ride TNM Stage added to over-ride edit if codes reviewed and confirmed correct, allowing assignment of stage value when physician staging or coding consultation does not match staging calculation in reference table. Over-ride TNM Tis allows assignment of stage groups 1-4 with in situ T category. Over-ride TNM Stage allows assignment of stage groups in other circumstances varying from published staging tables.

**Primary Site, TNM Path Stage Valid B-Ed 7 (COC)**

Agency: COC

Last changed: 04/18/2018 08:14:26

*Edit Tag N2416****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Primary Site, TNM Path Stage Valid B-Ed 7 (COC)****Description**

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07, U7, 88
6. TNM Path Stage Group is blank
6. TNM Path T or TNM Path M is blank
6. TNM Path Descriptor = 4 or 6

The purpose of this edit is to validate the coded TNM categories, and site-specific staging parameters where used, with the coded Stage Group assignments. Some TNM chapters require elements in addition to T, N, and M categories, such as grade or mitotic rate. for correct stage assignment. In this edit description, these elements are called staging parameters. The edit will not be skipped but will pass if any of TNM Clin N or a required staging parameter is blank. (The exception for TNM Path N allows for the possible coding of TNM Path N as blank for site/histology group 39; if blank, TNM Path N will be converted to "88" for the edit.)

The edit compares the combination of TNM Path T, TNM Path N, TNM Path M categories, and staging parameter where required, with TNM Path Stage Group. The edit is skipped if TNM Path Descriptor is 4 or 6, indicating stage assignment after neoadjuvant treatment. (With neoadjuvant treatment, combinations of T, N, M and staging parameters are allowed that would not be valid otherwise.)

The designation of "c" or "p" within the individual T, N, and M codes is ignored for this edit. Valid codes for individual fields (TNM Path T, TNM Path N, TNM Path M, TNM Path Stage Group), and for these individual fields by primary site, are checked in other edits.

An edit failure is returned if the Path Stage Group is inconsistent with the expected group assignment for the coded T, N, M, and staging parameter if required, based on the AJCC stage tables. If a T, N, or M value is coded that is not included in the AJCC stage tables -- for example T4 is coded but only T4A and T4B are staged -- the stage assignment will not be checked and the edit will pass.

An edit failure is also returned if either the coded Path Stage Group returns "ERROR" from the lookup table, meaning that the combination of T, N, M, and staging parameter is invalid. Invalid combinations include T0N0M0/M0I+; T in situ with positive N and/or positive M category; and a Testis stage with an invalid S category. An invalid S category results when one or more of the 3 site-specific factors required to determine the category (SSF 13-AFP, SSF 15-hCG, SSF 16-LDH) is coded 988, meaning not applicable.

If the case is reviewed and accepted as coded (Over-ride TNM Tis = 1 or Over-ride TNM Stage = 1), no further editing is done. See "Additional Information" in this description.

The site/histology groups are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The site/histology groups and group stage values are identified by site and

**Primary Site, TNM Path Stage Valid B-Ed 7 (COC)**

histology in the edit Primary Site, Stage Group 2016 - Ed 7. Subdivisions of some groups were required for this edit; they are identified below with their criteria. Site-specific staging parameters are also identified. The description does not include the list of TNM categories, staging parameters, and stage groups; this information is contained in a table within EditWriter that contains around 14,700 records.

Site/histology groups 49, Carcinoma of Conjunctiva, 50, Malignant Melanoma of Conjunctiva, 52, Retinoblastoma, 53, Carcinoma of Lacrimal Gland, 54, Sarcoma of Orbit, 55, Ocular Adnexal Lymphoma, are listed below. However, staging for these site/histology groups is not validated by this edit, as no stage grouping applies. The T, N, M codes for site/histology groups 49, 50, 52, 53, 54, and 55 are validated in the edits Primary Site, T 2016 - Ed 7, Primary Site, N 2016 - Ed 7, and Primary Site, M 2016 - Ed 7.

Site/histology group 57A, Lymphoid Neoplasms, is also listed below. However, staging for 57A does not include T, N, and M components, and stage is not validated in this edit. The T, N, M codes for site/histology group 57A are validated in the edits Primary Site, T 2016 - Ed 7, Primary Site, N 2016 - Ed 7, and Primary Site, M 2016 - Ed 7. Stage group for 57A is validated in the edit Primary Site, Stage Group 2016 - Ed 7. Site/histology group 55, Ocular Adnexal Lymphoma, will pass this edit if coded as Lymphoma (T=88,N=88,M=88,Stage Group = stage from Ch 57), or as Ocular Adnexal Lymphoma (T=T from Ch 55, N=N from Ch 55, M=M from Ch 55, Stage Group = 88).

29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

30. Merkel Cell Carcinoma

31. Melanoma of the Skin

32. Breast

33. Vulva

34. Vagina

35. Cervix Uteri

36. Corpus Uteri

36A. Corpus Uteri: Carcinomas

36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

36C. Corpus Uteri: Adenosarcoma

37. Ovary and Peritoneal Carcinomas

37A. Ovary

37B. Peritoneal Carcinomas

38. Fallopian Tube

39. Gestational Trophoblastic Tumors

Staging Parameter: Prognostic Scoring Index as collected in CS SSF 1

40. Penis

**Primary Site, TNM Path Stage Valid B-Ed 7 (COC)**

## 41. Prostate

## Division for Staging:

- 41A. PSA: 988, 997, 998, 999
- 41B. PSA: 001-099
- 41C. PSA: 100-199
- 41D. PSA: 200-980

Staging Parameter: Gleason Score: As collected in CS SSF 8 or CS SSF 10, whichever value is greater, excluding 988, 998, and 999 for CS SSF 8

## 42. Testis

## Staging Parameter: S value, based on calculation of:

- post-orchietomy AFP range as collected in CS SSF 13,
- post-orchietomy hCG range as collected in CS SSF 15,
- post-orchietomy LDH range as collected in CS SSF 16

## 43. Kidney

## 44. Renal Pelvis and Ureter

## 45. Urinary Bladder

## 46. Urethra

## 47. Adrenal

- 47A. Adrenal Cortex
- 47B. Adrenal Cortical Carcinoma

## 48. Carcinoma of the Eyelid

## 49. Conjunctiva

## 50. Malignant Melanoma of the Conjunctiva

## 51. Malignant Melanoma of Uvea

- 51A. Ciliary Body and Choroid
- 51B. Iris

## 52. Retinoblastoma

## 53. Carcinoma of the Lacrimal Gland

## 54. Sarcoma of the Orbit

## 55. Ocular Adnexal Lymphoma

## 57. Lymphoid Neoplasms

- 57A. Hodgkin and Non-Hodgkin Lymphoma
- 57B. Primary Cutaneous Lymphomas

Staging Parameter: Peripheral blood involvement, as collected in CS SSF 1

**Primary Site, TNM Path Stage Valid B-Ed 7 (COC)**

## Additional Information:

The stage tables used by this edit check that the stage group assignment is correct for the coded values in the TNM Clin T, TNM Clin N, TNM Clin M, and staging parameter fields (as detailed above). These stage tables are based on the tables published in the AJCC 7th Edition Staging Manual including any errata. In rare cases staging may be assigned that varies from strict adherence to the published staging tables. For example, a physician may assign a stage group when an unknown T category would dictate an unknown stage group. AJCC is also interested in identifying cases where in situ behavior may be the only diagnosis on pathologic examination of tissue from the primary site, while findings on examination of regional nodes or distant sites indicate metastatic involvement.

Over-ride TNM Tis is available to allow assignment of stage groups 1-4 with an in situ T category. This over-ride is also used in other edits that check coding of N and M categories with an in situ T category. Over-ride TNM Stage is available to allow assignment of stage groups in other circumstances that vary from the published staging tables.

First check that T, N, M, staging parameter, and stage group values are coded correctly. Verify any apparent staging anomalies with the staging physician. Also contact the AJCC forum for staging questions or consult published training materials for guidance on handling specific case circumstances where the staging tables do not seem to apply. If, after careful review and consultation, the staging that generated an edit failure is determined to be correct, set the relevant over-ride to 1, Over-ride Tis for an in situ case or Over-ride TNM Stage for other cases, and rerun the edit.

***Administrative Notes***

New edit - added to NAACCR v16 metafile

## Modifications

## NAACCR v16A

- Added stage mapping to table referenced by logic for T1A, T1B, T2A, T2B to site/group 57B, Primary Cutaneous Lymphoma
- Corrected logic to only edit for site/histology groups 029 through 57B
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837 to Edit Logic

## NAACCR v16B

- Removed logic checking for Over-ride Site/TNM-StgGrp. This Over-ride allows pediatric cases to be coded with stage group 88.

The

stage tables do not look for combinations of 88 88 88 88, so any record with such a combination would not be edited with the edit.

An

edit failure based on incorrect setting of the Over-ride would duplicate the same edit failure in an edit that checks primary site, stage

**Primary Site, TNM T - c,p pre2016 (NPCR)**

group values for 2016.

- Table referenced by logic updated:

031,IS,X,0,ERROR changed to IS,X,0,0

031, 1A,X,0,99 changed to 1A,X,0,1A

045,A,X,0 ,0A changed to A,X,0,99

045,IS,X,0,0IS changed to IS,X,0,99

- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

**NAACCR v16D**

- Description, logic modified to use SSF 8 or SSF 10 in validating stage group, whichever is higher. SSF 8 = 988, 998, 999 not included

in comparison of SSF 8 and SSF 10

- Added U7 to required TNM Edition Numbers

- Staging table referenced by edit updated for site/histology groups 51A (Uveal Melanoma), and 57B (Primary Cutaneous

Lymphoma),

values for NOS stage groups not listed in AJCC 7th Edition changed to 99 (e.g., 57B, T4NXM0B2, Stage group 4A, changed to

T4NXM0B2, Stage group 99)

- Table referenced by edit updated, rows for 57B, T1A,T1B,T2A,T2B, M0 added

**NAACCR v16E**

- Updated Description for site/histology group 42, Testis, to read AFP range and hCG range, rather than AFP value and hCG value

**NAACCR v18**

- Over-ride TNM Tis and Over-ride TNM Stage added to over-ride edit if codes reviewed and confirmed correct, allowing assignment

of stage value when physician staging or coding consultation does not match staging calculation in reference table. Over-ride TNM

Tis allows assignment of stage groups 1-4 with in situ T category. Over-ride TNM Stage allows assignment of stage groups in other

circumstances varying from published staging tables.

- Table referenced by edit, for 57B, all stage group 1A,1B,2A,2B,3A with BX, stage group changed to 99

- CS Site-Specific Factor 8 and CS Site-Specific Factor 10 for prostate set to 000 if = 988, 998, or 999, to correct comparison of

Gleason scores when one of the values is unknown.

- Name changed, space removed before Ed

**Primary Site, TNM T - c,p pre2016 (NPCR)**

Agency: NPCR

Last changed: 02/07/2018 22:11:11

Edit Tag N2310

**Primary Site, TNM T - c,p pre2016 (NPCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2014, or blank (unknown), or invalid, or year of diagnosis is greater than 2015
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. TNM Edition Number is not = 07 and not = 88
6. TNM Clin T and TNM Path T are both blank

TNM Clin T and TNM Path T may be blank. If entered, they will be edited site-specifically. The edit will check valid TNM Clin N and TNM Path N codes either with or without the "c" or "p" component.

The site-specific TNM T values are listed below. The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The sites for each chapter are listed along with the histologies requiring AJCC staging. The allowable values for the clinical and pathologic T codes are listed under TNM T. When there is a difference in allowable values for clinical and pathologic T codes, they will be specified separately.

### 3. Lip and Oral Cavity

#### Sites:

C000-C006, C008, C009  
 C020-C023, C028, C029  
 C030, C031, C039  
 C040, C041, C048, C049  
 C050, C058, C059  
 C060-C062, C068, C069

#### Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

#### TNM T:

X, 0, IS, 1, 2, 3, 4, 4A, 4B

### 4. Pharynx

#### 4A. Oropharynx and Hypopharynx

#### Sites:

C019, C024  
 C051-C052  
 C090-C091, C098-C099  
 C100, C102-C104, C108-C109  
 C129  
 C130-C132, C138-C139

#### Histologies Requiring AJCC Staging:



**Primary Site, TNM T - c,p pre2016 (NPCR)**

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4, 4A, 4B

## 4B. Nasopharynx

Sites:

C110, C112-C113, C118-C119

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

## 4C. Nasopharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

010

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

## 4D. Oropharynx

Sites:

C111

Discriminator (CS Site-Specific Factor25):

020

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

## 5. Larynx

## 5A. Supraglottis, Subglottis, Other

Sites:

C101, C321-C322

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4,4A,4B

## 5B. Glottis

Sites:

C320, C328-C329

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980, 8981

TNM T:

X,0,IS,1,1A,1B,2,3,4,4A,4B

## 6. Nasal Cavity and Paranasal Sinuses

Sites:

C300, C310-C311

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

**Primary Site, TNM T - c,p pre2016 (NPCR)**

TNM T:

X, 0, IS, 1, 2, 3, 4, 4A, 4B

## 7. Major Salivary Glands

Sites:

C079

C080, C081, C088, C089

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8982

TNM T:

X, 0, 1, 2, 3, 4, 4A, 4B, 88

## 8. Thyroid Gland

8A. Thyroid: Papillary/follicular, age less than 045

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,  
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: less than 045

Grade: 1-3 or 9

TNM T:

X, 0, 1, 1A, 1B, 2, 3, 4, 4A, 4B, 88

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,  
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: greater than or equal to 045, but not equal 999

Grade: 1-3 or 9

TNM T:

X, 0, 1, 1A, 1B, 2, 3, 4, 4A, 4B, 88

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

Sites:

C739

Histologies Requiring AJCC Staging:

8000-8015, 8022, 8033-8344, 8350-8420, 8440-8508,  
8514-8576, 8940-8950, 8980-8981

Age at Diagnosis: equal 999

Grade: 1-3 or 9

TNM T:

X, 0, 1, 1A, 1B, 2, 3, 4, 4A, 4B, 88

8D. Thyroid: Medullary

Sites:

C739

**Primary Site, TNM T - c,p pre2016 (NPCR)**

Histologies Requiring AJCC Staging:  
8345-8347, 8430, 8510, 8512-8513  
Grade: 1-3 or 9

TNM T:  
X, 0, 1, 1A, 1B, 2, 3, 4, 4A, 4B, 88

8E. Thyroid: Anaplastic  
Sites:

C739  
Histologies Requiring AJCC Staging:  
8020-8021, 8030-8032

TNM T:  
4, 4A, 4B

8F. Thyroid: Anaplastic  
Sites:

C739  
Histologies Requiring AJCC Staging:  
8000-8576, 8940-8950, 8980-8981  
Grade: 4

TNM T:  
4, 4A, 4B

**9. Mucosal Melanoma of the Head and Neck**

Sites:

C000-C006, C008-C009  
C019  
C020-C024, C028-C029  
C030-C031, C039  
C040-C041, C048-C049  
C050-C052, C058-C059  
C060-C062, C068-C069  
C090-C091, C098-C099  
C100-C104, C108-C109  
C110-C113, C118-C119  
C129  
C132, C138-C139  
C140, C142, C148  
C300  
C310-C311  
C320-C323, C328-C329

Histologies Requiring AJCC Staging:  
8720-8790

TNM T:  
X, 3, 4, 4A, 4B, 88

**10. Esophagus and Esophagus Gastric Junction**

10A. Esophagus

Sites:

C150-C155, C158-C159  
Histologies Requiring AJCC Staging:  
8000-8576, 8940-8950, 8980-8981

**Primary Site, TNM T - c,p pre2016 (NPCR)**

TNM T:

X, 0, IS, 1, 1A, 1B, 2, 3, 4, 4A, 4B

10B. Esophagus Gastric Junction

Sites:

C160-C162

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

Discriminator (CS Site-Specific Factor25):

020, 040, 060 (for C161-C162), 982 (982 is for C160 only)

TNM T:

X, 0, IS, 1, 1A, 1B, 2, 3, 4, 4A, 4B

11. Stomach

Sites:

C161-C162 and Discriminator (CS Site-Specific Factor 25) =

000, 030, 100, 999

C163-C166, C168-C169 and Discriminator (CS Site-Specific Factor 25) =

981

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8990

TNM T:

X, 0, IS, 1, 1A, 1B, 2, 3, 4, 4A, 4B

12. Small Intestine

Sites:

C170-C172, C178-C179

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 1A, 1B, 2, 3, 4

13. Appendix

13A. Appendix: Carcinoma

Sites:

C181

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4, 4A, 4B

13B. Appendix: Carcinoid

Sites:

C181

Histologies Requiring AJCC Staging:

8240-8242, 8246, 8249, 8153

TNM T:

X, 0, 1, 1A, 1B, 2, 3, 4, 88

14. Colon and Rectum

**Primary Site, TNM T - c,p pre2016 (NPCR)**

## Sites:

C180, C182-C189  
C199  
C209

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8247-8248, 8250-8576, 8940-8950, 8980-8981

## TNM T:

X,0,IS,1,2,3,4,4A,4B

## 15. Anus

## Sites:

C210-C212, C218

## Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

## TNM T:

X,0,IS,1,2,3,4

## 16. Gastrointestinal Stromal Tumor (GIST)

## 16A. GIST: Gastric

## Sites:

C160-C169  
C480-C488 and CS Site-Specific Factor 10 = 020 (Omentum)

## Histologies Requiring AJCC Staging:

8935-8936

## TNM T:

X,0,1,2,3,4, 88

## 16B. GIST: Small Intestine

## Sites:

C150-C159  
C170-C172, C178, C179  
C180-C189  
C199  
C209  
C480-C488 and CS Site-Specific Factor 10 not = 020 (Omentum)

## Histologies Requiring AJCC Staging:

8935-8936

## TNM T:

X,0,1,2,3,4, 88

## 17. Neuroendocrine Tumors (NET)

## 17A. NET: Stomach

## Sites:

C160-C169

## Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

## TNM T:

X,0,IS,1,2,3,4

## 17B. NET: Small Intestine and Ampulla of Vater

## Sites:

**Primary Site, TNM T - c,p pre2016 (NPCR)**

C170-C179

C241

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:

X,0,1,2,3,4, 88

17C. NET: Colon and Rectum

Sites:

C180, C182-C189

C199, C209

Histologies Requiring AJCC Staging:

8153, 8240-8242, 8246, 8249

TNM T:

X,0,1,1A,1B,2,3,4, 88

18. Liver

18A. Sites:

C220

Histologies Requiring AJCC Staging:

8170-8175

TNM T:

X,0,1,2,3,3A,3B,4,88

18B. Sites:

C221

Histologies Requiring AJCC Staging:

8170-8175

TNM T:

X,0,1,2,3,3A,3B,4,88

19. Intrahepatic Bile Ducts

19A. Sites:

C220

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM T:

X,0,IS,1,2,2A,2B,3,4,88

19B. Sites:

C221

Histologies Requiring AJCC Staging:

8160, 8161, 8180

TNM T:

X,0,IS,1,2,2A,2B,3,4

20. Gallbladder

Sites:

C239

C240 and Discriminator (CS Site-Specific Factor 25) = 030

Histologies Requiring AJCC Staging:

8000-8152,8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

**Primary Site, TNM T - c,p pre2016 (NPCR)**

TNM T:

X,0,IS,1,1A,1B,2,3,4

## 21. Perihilar Bile Ducts

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 010, 020, 050,  
060, 999

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,2A,2B,3,4

## 22. Distal Bile Duct

Sites:

C240 and Discriminator (CS Site-Specific Factor 25) = 040, 070

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

## 23. Ampulla of Vater

Sites:

C241

Histologies Requiring AJCC Staging:

8000-8152, 8154-8231, 8243-8245, 8250-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,2,3,4

## 24. Exocrine and Endocrine Pancreas

Sites:

C250-C254, C257-C259

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8971, 8980-8981

TNM T:

X,0,IS,1,2,3,4

## 25. Lung

Sites:

C340-C343,C348,C349

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X,0,IS,1,1A,1B,2,2A,2B,3,4

## 26. Pleural Mesothelioma

Sites:

**Primary Site, TNM T - c,p pre2016 (NPCR)**

C384

Histologies Requiring AJCC Staging:

9050-9053

TNM T:

X,0,1,1A,1B,2,3,4

## 27. Bone

Sites:

C400-C403, C408-C409

C410-C414, C418-C419

Histologies Permitting AJCC Staging:

8800-9136, 9142-9582

TNM T:

X,0,1,2,3

## 28. Soft Tissue Sarcoma

Peritoneum - not female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

CS Site-Specific Factor25 = not 002 (that is, not female)

Peritoneum - female

Sites:

C481-C482, C488

Histologies:

8800-8820, 8823-8921, 9120-9136, 9142-9582

CS Site-Specific Factor25 = 002 (female)

Heart, Mediastinum, Soft Tissue

Sites:

C380-C383, C388

C470-C476, C478-C479

C490-C496, C498-C499

Histologies:

8800-8820, 8823-8935, 8940-9136, 9142-9582

Retroperitoneum

Sites:

C480

Histologies:

8800-8820, 8823-8934, 8940-9136, 9142-9582

TNM T:

X,0,1,1A,1B,2,2A,2B

## 29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

Sites:

C440, C442-C449, C632

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981



**Primary Site, TNM T - c,p pre2016 (NPCR)**

TNM T:

X, 0, IS, 1, 2, 3, 4

## 30. Merkel Cell Carcinoma

Sites:

C440, C442-C449,  
C510-C512, C518-C519  
C600-C602, C608-C609  
C632

Histologies Requiring AJCC Staging:

8247

TNM T:

X, 0, IS, 1, 2, 3, 4

## 31. Melanoma of the Skin

Sites:

C440-C449  
C510-C512, C518, C519  
C600-C602, C608, C609  
C632

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X, 0, IS, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B

## 32. Breast

Sites:

C500-C506, C508, C509

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981, 9020

TNM T:

X, 0, IS, 1, 1A, 1B, 1C, 1MI, 2, 3, 4, 4A, 4B, 4C, 4D

## 33. Vulva

Sites:

C510-C512, C518, C519

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

Clin: X, 0, IS, 1, 1A, 1B, 2, 3

Path: X, 0, IS, 1, 1A, 1B, 2, 3

## 34. Vagina

Sites:

C529

Histologies Requiring AJCC Staging:

8000-8576, 8800-8801, 8940-8950, 8980-8981

TNM T:

**Primary Site, TNM T - c,p pre2016 (NPCR)**

X,0,IS,1,2,3,4

## 35. Cervix Uteri

## Sites:

C530,C531,C538,C539

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM T:

X,0,IS,1,1A,1A1,1A2,1B,1B1,1B2,2,2A,2A1,2A2,2B,3,3A,3B,4

## 36. Corpus Uteri

## 36A. Corpus Uteri: Carcinomas

## Sites

C540-C543, C548-C549

C559

## Histologies Requiring AJCC Staging:

8000-8790, 8950-8951, 8980-8981

## TNM T:

X,0,IS,1,1A,1B,2,3,3A,3B,4

## 36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma

## Sites:

C540-C543, C548-C549

C559

## Histologies Requiring AJCC Staging:

8800, 8890-8898, 8900-8921, 8930-8931, 8935

## TNM T:

X,0,1,1A,1B,2,2A,2B,3,3A,3B,4,88

## 36C. Corpus Uteri: Adenosarcoma

## Sites:

C540-C543, C548-C549

C559

## Histologies Requiring AJCC Staging:

8933

## TNM T:

X,0,1,1A,1B,1C,2,2A,2B,3,3A,3B,4,88

## 37. Ovary and Peritoneal Carcinomas

## 37A. Ovary

## Sites:

C569

## Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-9110

## TNM T:

X,0,1,1A,1B,1C,2,2A,2B,2C,3,3A,3B,3C, 88

## 37B. Peritoneal Carcinomas

## Sites:

C481-C482, C488 (Sex = 2,female) and Discriminator (CS Site-Specific  
Factor 25) = 002

**Primary Site, TNM T - c,p pre2016 (NPCR)**

Histologies Requiring AJCC Staging:

8000-8576, 8590-8671, 8930-8934, 8940-9110

TNM T:

X, 0, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C

## 38. Fallopian Tube

Sites:

C570

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C

## 39. Gestational Trophoblastic Tumors

Sites:

C589

Histologies Requiring AJCC Staging:

9100-9105

TNM T:

X, 0, 1, 2, 88

## 40. Penis

Sites:

C600-C602, C608, C609

Histologies Requiring AJCC Staging:

8000-8246, 8248-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, A, 1, 1A, 1B, 2, 3, 4

## 41. Prostate

Sites:

C619

Histologies Requiring AJCC Staging:

8000-8110, 8140-8576, 8940-8950, 8980-8981

TNM T:

X, 0, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 4, 88

## 42. Testis

Sites:

C620, C621, C629

Histologies Requiring AJCC Staging:

8000-8576, 8590-8670, 8940-8950, 8980-8981, 9060-9090, 9100-9105

TNM T:

X, 0, IS, 1, 2, 3, 4

## 43. Kidney

**Primary Site, TNM T - c,p pre2016 (NPCR)**

## Sites:

C649

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM T:

X, 0, 1, 1A, 1B, 2, 2A, 2B, 3, 3A, 3B, 3C, 4, 88

## 44. Renal Pelvis and Ureter

## Sites:

C659

C669

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM T:

X, 0, IS, A, 1, 2, 3, 4

## 45. Urinary Bladder

## Sites:

C670-C679

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

## TNM T:

X, 0, IS, A, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B

## 46. Urethra

## 46A. Urethra - Female

## Sites:

C680

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sex: 2 (female)

## TNM T:

X, 0, IS, A, 1, 2, 3, 4

## 46B. Urethra - not Female

## Sites:

C680

## Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

Sex: not 2 (female)

## TNM T:

X, 0, IS, ISPU, ISPD, A, 1, 2, 3, 4

## 47. Adrenal

## 47A. Adrenal Cortex

## Sites:

C740

## Histologies Requiring AJCC Staging:

8010, 8140, 8370

**Primary Site, TNM T - c,p pre2016 (NPCR)**

TNM T:

X, 0, 1, 2, 3, 4, 88

47B. Adrenal Cortical Carcinoma

Sites:

C749

Histologies Requiring AJCC Staging:

8370

TNM T:

X, 0, 1, 2, 3, 4, 88

48. Carcinoma of the Eyelid

Sites:

C441

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 2A, 2B, 3, 3A, 3B, 4

49. Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, IS, 1, 2, 3, 4, 4A, 4B, 4C, 4D

50. Malignant Melanoma of the Conjunctiva

Sites:

C690

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

Clin: X, 0, IS, 1, 1A, 1B, 1C, 1D, 2, 2A, 2B, 2C, 2D, 3, 3A, 3B, 3C, 3D, 4

Path: X, 0, IS, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 4

51. Malignant Melanoma of Uvea

51A. Ciliary Body and Choroid

Sites:

C693

C694 (CS Site-Specific Factor 25 = 010 or 999)

Histologies Requiring AJCC Staging:

8720-8790

TNM T:

X, 0, 1, 1A, 1B, 1C, 1D, 2, 2A, 2B, 2C, 2D, 3, 3A, 3B, 3C, 3D, 4, 4A, 4B, 4C, 4D, 4E, 88

51B. Iris

Sites:

C694 (CS Site-Specific Factor 25 = 020)

Histologies Requiring AJCC Staging:

**Primary Site, TNM T - c,p pre2016 (NPCR)**

8720-8790

TNM T:

X, 0, 1, 1A, 1B, 1C, 2, 2A, 3, 3A, 4, 4A, 4B, 88

## 52. Retinoblastoma

Sites:

C692

Histologies Requiring AJCC Staging:

9510-9514

TNM T:

Clin: X, 0, 1, 1A, 1B, 1C, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B, 4C, 4D

Path: X, 0, 1, 2, 2A, 2B, 3, 3A, 3B, 4, 4A, 4B

## 53. Carcinoma of the Lacrimal Gland

Sites:

C695 and CS Site-Specific Factor25 = 015

Histologies Requiring AJCC Staging:

8000-8576, 8940-8950, 8980-8981

TNM T:

X, 0, 1, 2, 3, 4, 4A, 4B, 4C, 88

## 54. Sarcoma of the Orbit

Sites:

C696, C698

Histologies Requiring AJCC Staging:

8800-8936, 8940-9136, 9141-9508, 9520-9582

TNM T:

X, 0, 1, 2, 3, 4, 88

## 55. Ocular Adnexal Lymphoma

Sites:

C441, C690, C695-C696

Histologies Requiring AJCC Staging:

9590-9699, 9702-9738, 9811-9818, 9820-9837

TNM T:

X, 0, 1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 2D, 3, 4, 4A, 4B, 4C, 4D

## 56. Brain and Spinal Cord

Sites:

C700, C701, C709, C710-C719, C720-C729, C751-C753

Histologies Requiring AJCC Staging:

8000, 8680-9136, 9141-9582

TNM T:

88

## 57. Lymphoid Neoplasms

## 57A. Hodgkin and Non-Hodgkin

**Profound Immune Suppression, Date DX (NAACCR)**

Sites:

C000-C419, C422-C423, C425-C440, C442-C689, C691-C694, C698-C809

Histologies Requiring AJCC Staging:

9590-9699, 9702-9729, 9735, 9737-9738, 9811-9818, 9823, 9827, 9837

TNM T:

88

57B. Primary Cutaneous Lymphomas

Sites:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologies Requiring AJCC Staging:

9700, 9701

TNM T:

1, 1A, 1B, 2, 2A, 2B, 3, 4, 88

All Others

TNM T:

88

***Administrative Notes***

New edit - added to NAACCR v16 metafile. This edit is based on

Primary Site, AJCC N - Ed 7 ICD03, but it checks TNM Clin N and TNM Path N values for pre-2016 diagnoses coded either with or without "c" and "p" components. This edit could be used for either converted cases or pre2016 cases diagnosed in 2016 software.

**Modifications**

NAACCR v16A

- Corrected histology codes in Description for site/histology group 31, Melanoma of Skin, from 8720-87900 to 8720-8790

**Profound Immune Suppression, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag N2700****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Profound Immune Suppression code or blank:

0: No immune suppression condition(s) identified/not present

1: Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome

**Profound Immune Suppression, Schema ID, Required (MCR/NAACCR)**

(AIDS)

- 2: Solid organ transplant recipient
  - 3: Chronic lymphocytic leukemia
  - 4: Non-Hodgkin lymphoma
  - 5: Multiple immune suppression conditions
  - 6: Profound immune suppression present
  - 8: Not applicable: Information not collected for this case
  - 9: Not documented in medical record
- Profound Immune Suppression not assessed or unknown if assessed

Another edit, Profound Immune Suppression, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

## Profound Immune Suppression, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/09/2019 17:10:31

Edit Tag MA2870

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Profound Immune Suppression is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00460: Merkel Cell Carcinoma



**Progesterone Receptor Percent Positive or Range, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**Modifications**

NAACCR v18C

- Description updated, Schema ID 000460 changed to 00460

18C: MCR modification is to require the field 2019+ instead of 2018+.

**Progesterone Receptor Percent Positive or Range, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 08/02/2019 08:07:11

Edit Tag N2679

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Progesterone Receptor Percent Positive or Range code or blank:

000: PR negative, or stated as less than 1%

001-100: 1 to 100 percent

R10 Stated as 1-10%

R20: Stated as 11-20%

R30: Stated as 21-30%

R40: Stated as 31-40%

R50: Stated as 41-50%

R60: Stated as 51-60%

R70: Stated as 61-70%

R80: Stated as 71-80%

R90: Stated as 81-90%

R99: Stated as 91-100%

XX6: PR results cannot be determined (indeterminate)

XX7: Test done, results not in chart

XX8: Not applicable: Information not collected for this case

XX9: Not documented in medical record

Progesterone Receptor Percent Positive or Range not assessed or unknown if assessed

**Progesterone Receptor Percent Positive or Range, Schema ID, Required, CoC Flag (MCR/SEER)**

3. Numeric value must be right-justified and zero-filled.

Another edit, Progesterone Receptor Percent Positive or Range, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v18D

- Description, logic updated to include XX6, XX7

**Progesterone Receptor Percent Positive or Range, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/09/2019 17:06:04

Edit Tag MA3945

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1.

Progesterone Receptor Percent Positive or Range is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

1. This edit verifies that Progesterone Receptor Percent Positive or Range is not "XX8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

**Progesterone Receptor Summary, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to require the field 2019+ instead of 2018+.

**Progesterone Receptor Summary, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2734

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Progesterone Receptor Summary code or blank:

0: PR negative  
1: PR positive  
7: Test done, results not in chart  
9: Not documented in medical record  
Cannot be determined (indeterminate)  
Progesterone Receptor Summary status not assessed or unknown if assessed

Another edit, Progesterone Receptor Summary, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

***Administrative Notes***

New edit - NAACCR v18 metafile

Progesterone Receptor Summary, Schema ID, Required (NAACCR)

## Progesterone Receptor Summary, Schema ID, Required (NAACCR)

Agency: NAACCR

Last changed: 07/28/2018 11:13:39

*Edit Tag N2924*

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Progesterone Receptor Summary is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00480: Breast

### *Administrative Notes*

New edit - NAACCR v18 metafile

## Progesterone Receptor Total Allred Score, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag N2680*

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Progesterone Receptor Total Allred Score, Schema ID, Required, CoC Flag (MCR/SEER)****Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Progesterone Receptor Total Allred Score code or blank:

```

00: Total PR Allred Score of 0
01: Total PR Allred Score of 1
02: Total PR Allred Score of 2
03: Total PR Allred Score of 3
04: Total PR Allred Score of 4
05: Total PR Allred Score of 5
06: Total PR Allred Score of 6
07: Total PR Allred Score of 7
08: Total PR Allred Score of 8
X8: Not applicable: Information not collected for this case
X9: Not documented in medical record
    Progesterone Receptor Total Allred Score not assessed or unknown if
    assessed
  
```

Another edit, Progesterone Receptor Total Allred Score, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

## Progesterone Receptor Total Allred Score, Schema ID, Required, CoC Flag (MCR/SEER)

Agency: NONE

Last changed: 10/15/2019 17:30:24

Edit Tag MA3946

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Progesterone Receptor Total Allred Score is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

**Prostate Pathological Extension, Blank for Other Schemas (MCR/SEER)**

2. This edit verifies that Progesterone Receptor Total Allred Score is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast

***Administrative Notes***

New edit - NAACCR v18 metafile

18D: MCR modification is to skip for pre-2019 rather than pre-2018 diagnoses. NPCR clarified that it does not require this field.

## **Prostate Pathological Extension, Blank for Other Schemas (MCR/SEER)**

Agency: NONE

Last changed: 10/16/2019 16:09:54

*Edit Tag* MA6128

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the 2018 EOD field Prostate Pathological Extension is blank for all schemas except Prostate (Schema ID 00580).

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2019, blank, invalid.
- b.Schema ID is blank or 00580.

If Schema ID is not 00580 (Prostate), Prostate Pathological Extension must be blank.

**Prostate Pathological Extension, Date DX (SEER)*****Administrative Notes***

New edit - NAACCR v18D metafile

The MCR modification is to apply the blank check for 2019+ diagnoses instead of 2018+. In the Description we do not refer to the field as an SSDI.

**Prostate Pathological Extension, Date DX (SEER)**

Agency: SEER

Last changed: 05/02/2018 19:10:29

Edit Tag N2705

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Prostate Pathological Extension code or blank:

000: In situ; noninvasive; intraepithelial  
250: Invasion into (but not beyond) prostatic capsule  
Intracapsular involvement only;  
No extracapsular extension  
300: Confined to prostate, NOS  
Localized, NOS  
350: Bladder neck, microscopic invasion  
Extraprostatic extension (beyond prostatic capsule), unilateral,  
bilateral, or NOS WITHOUT invasion of the seminal vesicles  
extension to periprostatic tissue WITHOUT invasion of the seminal  
vesicles  
400: Tumor invades seminal vesicle(s)  
500: Extraprostatic tumor that is not fixed WITHOUT invasion of adjacent  
structures  
600: Bladder neck, except microscopic bladder neck involvement  
Bladder, NOS  
External sphincter  
Extraprostatic urethra (membranous urethra)  
Fixation, NOS  
Levator muscles  
Rectovesical (Denonvillilier's) fascia

**Prostate Pathological Extension, Schema ID, Required (MCR/SEER)**

Rectum  
 Skeletal muscle  
 Ureter(s)  
 700: Extension to or fixation to pelvic wall or pelvic bone  
 "Frozen pelvis", NOS  
 Further contiguous extension including  
 - Bone  
 - Other organs  
 - Penis  
 - Sigmoid colon  
 - Soft tissue other than periprostatic  
 800: No evidence of primary tumor  
 900: No prostatectomy or autopsy performed  
 950: Prostatectomy performed, but not first course of treatment,  
 for example performed after disease progression  
 999: Unknown; extension not stated  
 Unknown if prostatectomy done  
 Primary tumor cannot be assessed;  
 Not documented in medical record

Another edit, Prostate Pathological Extension, Schema ID, Required (SEER), checks that the item is coded by Schema ID. The item is required by SEER for prostate cancer.

***Administrative Notes***

New edit - NAACCR v18 metafile

## Prostate Pathological Extension, Schema ID, Required (MCR/SEER)

Agency: NONE

Last changed: 04/09/2019 17:01:18

Edit Tag MA3063

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
- This edit verifies that Prostate Pathological Extension is coded (not blank) for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:



**PSA (Prostatic Specific Antigen) Lab Value, Date DX (NAACCR)**

00580: Prostate

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to require the field 2019+ instead of 2018+.

**PSA (Prostatic Specific Antigen) Lab Value, Date DX  
(NAACCR)**

Agency: NAACCR

Last changed: 07/16/2018 07:41:22

*Edit Tag N2737****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid PSA (Prostatic Specific Antigen) Lab Value code or blank:

0.1: 0.1 or less nanograms/milliliter (ng/ml)  
0.2-999.9: 0.2-999.9 ng/ml  
(Exact value to nearest tenth of ng/ml)  
XXX.1: 10,000 ng/ml or greater  
XXX.7: Test ordered, results not in chart  
XXX.9: Not documented in medical record  
PSA (Prostatic Specific Antigen) Lab Value not assessed or unknown  
if assessed

3. Code must be right-justified and contain one place after decimal point.

Another edit, PSA (Prostatic Specific Antigen) Lab Value, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

**PSA (Prostatic Specific Antigen) Lab Value, Schema ID, Required (NAACCR)**

### ***Administrative Notes***

New edit - NAACCR v18 metafile

## **PSA (Prostatic Specific Antigen) Lab Value, Schema ID, Required (NAACCR)**

Agency: NAACCR

Last changed: 07/28/2018 11:14:22

*Edit Tag* N2991

### ***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### ***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2018, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that PSA (Prostatic Specific Antigen) Lab Value is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00580: Prostate

### ***Administrative Notes***

New edit - NAACCR v18 metafile

## **Race 1 (SEER RACE)**

Agency: SEER

Last changed: 10/05/2009

*Edit Tag* N0011

**Race 1, Race 2, Race 3, Race 4, Race 5 (SEER IF93)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid Race 1 code (01-08, 10-17, 20-22, 25-28, 30-32, 96-99).

***Administrative Notes***

Modifications

NAACCR v12.0

- Codes 15 (Asian Indian or Pakistani, NOS), 16 (Asian Indian), and 17 (Pakistani) have been added; code 09 (Asian Indian, Pakistani) was retired effective with Version 12.

Note 1: Recode code 09 to code 15 for all years prior to 2010.

Note 2: Standard setters may ask that old code 09 (new code 15) be reviewed and recoded to code 16 and 17 for earlier years depending on the availability of information.

**Race 1, Race 2, Race 3, Race 4, Race 5 (SEER IF93)**

Agency: SEER

Last changed: 06/14/2016

Edit Tag N0628

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Race 1, Race 2, Race 3, Race 4, and Race 5 are compared as follows:

If any race codes (for Race 2, 3, 4, and 5) = spaces, all subsequent race codes must = spaces.

If more than the Race 1 code is entered, if any race = 99 (unknown), all race codes (Race 1, 2, 3, 4, and 5) must = 99.

If more than the Race 1 code is entered, if any race codes (for Race 2, 3, 4, and 5) = 88 (no further race documented), then all subsequent race codes must also = 88.

A particular race code (other than spaces, 88, or 99) must not occur more than once.

If a patient has a race code of 01 (white), it must be the last recorded race for that patient; that is, the last race code not coded to 88 or spaces..

**Race 2 (NAACCR)*****Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF93

This edit differs from the NAACCR edit of the same name in that if a patient has a race code of 01 (white), it must be the last recorded race for that patient; that is, the last race code not coded to 88 or spaces.

**MODIFICATIONS:**

NAACCR v11.2

7/2007

This edit was updated to match the logic in SEER\*Edits:

1. The edit no longer checks Date of Diagnosis.
2. The following logic was added:
  - If any race codes (for Race 2, 3, 4, and 5) = spaces, all subsequent race codes must = spaces.
  - If more than the Race 1 code is entered, if any race = 99 (unknown), then all race codes (Race 1, 2, 3, 4, and 5) must = 99.
  - If more than the Race 1 code is entered, if any race codes (for Race 2, 3, 4, and 5) = 88 (no further race documented), then all subsequent race codes must also = 88.
  - A particular race code (other than spaces, 88, or 99) must not occur more than once.
  - If a patient has a race code of 01 (white), it must be the last recorded race for that patient; that is, the last race code not coded to 88 or spaces.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

**Race 2 (NAACCR)**

Agency: NAACCR

Last changed: 12/11/2009

*Edit Tag* N0409

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit allows the field to be blank because the item was not required by the COC until 2000. Another edit (Race 2, Date of DX) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1999. Registries should include both edits in their edit set.

**Race 2, Date of DX (SEER IF89)**

Must be a valid Race 2 code (01-08, 10-17, 20-22, 25-28, 30-32, 88, 96-99) or blank.

***Administrative Notes***

Modifications

NAACCR v12.0

- Codes 15 (Asian Indian or Pakistani, NOS), 16 (Asian Indian), and 17 (Pakistani) have been added; code 09 (Asian Indian, Pakistani) was retired effective with Version 12.

Note 1: Recode code 09 to code 15 for all years prior to 2010.

Note 2: Standard setters may ask that old code 09 (new code 15) be reviewed and recoded to code 16 and 17 for earlier years depending on the availability of information.

**Race 2, Date of DX (SEER IF89)**

Agency: SEER

Last changed: 03/19/2010

*Edit Tag* N0413

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 1999, Race 2 must not be blank.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF89

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**Race 3 (NAACCR)**

Agency: NAACCR

Last changed: 12/11/2009

*Edit Tag* N0410

**Race 3, Date of DX (SEER IF90)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit allows the field to be blank because the item was not required by the COC until 2000. Another edit (Race 3, Date of DX) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1999. Registries should include both edits in their edit set.

Must be a valid Race 3 code (01-08, 10-17, 20-22, 25-28, 30-32, 88, 96-99) or blank.

***Administrative Notes*****Modifications**

NAACCR v12.0

- Codes 15 (Asian Indian or Pakistani, NOS), 16 (Asian Indian), and 17 (Pakistani) have been added; code 09 (Asian Indian, Pakistani) was retired effective with Version 12.

Note 1: Recode code 09 to code 15 for all years prior to 2010.

Note 2: Standard setters may ask that old code 09 (new code 15) be reviewed and recoded to code 16 and 17 for earlier years depending on the availability of information.

**Race 3, Date of DX (SEER IF90)**

Agency: SEER

Last changed: 03/19/2010

Edit Tag N0414

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 1999, Race 3 must not be blank.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF90

**Modifications:**

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

**Race 4 (NAACCR)**

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**Race 4 (NAACCR)**

Agency: NAACCR

Last changed: 12/11/2009

*Edit Tag* N0411***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit allows the field to be blank because the item was not required by the COC until 2000. Another edit (Race 4, Date of DX) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1999. Registries should include both edits in their edit set.

Must be a valid Race 4 code (01-08, 10-17,20-22,25-28,30-32,88,96-99) or blank.

***Administrative Notes***

Modifications

NAACCR v12.0

- Codes 15 (Asian Indian or Pakistani, NOS), 16 (Asian Indian), and 17 (Pakistani) have been added; code 09 (Asian Indian, Pakistani) was retired effective with Version 12.

Note 1: Recode code 09 to code 15 for all years prior to 2010.

Note 2: Standard setters may ask that old code 09 (new code 15) be reviewed and recoded to code 16 and 17 for earlier years depending on the availability of information.

**Race 4, Date of DX (SEER IF91)**

Agency: SEER

Last changed: 03/19/2010

*Edit Tag* N0415***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 1999, Race 4 must not be blank.

**Race 5 (NAACCR)*****Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF91

**Modifications:**

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**Race 5 (NAACCR)**

Agency: NAACCR

Last changed: 12/11/2009

Edit Tag N0412

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit allows the field to be blank because the item was not required by the COC until 2000. Another edit (Race 5, Date of DX) verifies that this item is not blank if the year of Date of Diagnosis is greater than 1999. Registries should include both edits in their edit set.

Must be a valid Race 5 code (01-08, 10-17,20-22,25-28,30-32,88,96-99) or blank.

***Administrative Notes*****Modifications**

NAACCR v12.0

- Codes 15 (Asian Indian or Pakistani, NOS), 16 (Asian Indian), and 17 (Pakistani) have been added; code 09 (Asian Indian, Pakistani) was retired effective with Version 12.

Note 1: Recode code 09 to code 15 for all years prior to 2010.

Note 2: Standard setters may ask that old code 09 (new code 15) be reviewed and recoded to code 16 and 17 for earlier years depending on the availability of information.

**Race 5, Date of DX (SEER IF92)**

Agency: SEER

Last changed: 03/19/2010

Edit Tag N0416



**Rad--Regional RX Modality (NPCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 1999, Race 5 must not be blank.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF92

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**Rad--Regional RX Modality (NPCR)**

Agency: NPCR

Last changed: 04/12/2007

*Edit Tag* N0826

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid code for Rad--Regional RX Modality (00, 20-32, 40-43, 50-55, 60-62, 80, 85, 98, 99). Must be a two-digit number. May be blank.

***Administrative Notes***

This edit differs from the COC edit of the same name in that it allows the field to be blank because the item was not required by NPCR until 2006. Another edit (Rad--Regional RX Modality, Date of Diagnosis (NPCR)) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2005 and not equal 9999.

**Rad--Regional RX Modality, Date of Diagnosis (NPCR)**

Agency: NPCR

Last changed: 07/19/2019 00:20:24

*Edit Tag* N1604

**Rad--Regional RX Modality, Date of Diagnosis (NPCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If year of Date of Diagnosis is blank, this edit is skipped.

Rad--Regional RX Modality must not be blank for cases that meet the following criteria:

1. Year of Date of Diagnosis is 2006-2014                   AND  
Case is one of the following site/histologies
  - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
  - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
  - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 - 2017 - All cases
3. Rad--Regional Modality must be blank for year of date of diagnosis 2018 and later
- .

***Administrative Notes***

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Modified to require Rad--Regional RX Modality only for cancers of the breast, colon, and rectum (instead of all sites) diagnosed

2006

and later.

NAACCR v15

- Edit modified to require Rad--Regional RX Modality for all cases diagnosed 2015 or later. For cases diagnosed 2006-2014, Rad--

Regional RX Modality is required only for breast, colon, and rectum cases.

NAACCR v18

- Edit modified to pass for date error rather than return error message.

- Edit modified to require Rad Regional RX Modality for cases diagnosed 2015-2017.

NAACCR v18D

- Description, logic modified to require Rad--Regional RX Modality = blank for diagnosis year 2018+

- Error message corrected for Rad--Regional RX Modality required to be reported for diagnosis years 2015-2017

**Rad--Regional RX Modality, Reason for No Rad (COC)****Rad--Regional RX Modality, Reason for No Rad (COC)**

Agency: COC

Last changed: 12/08/2018 11:46:24

*Edit Tag* N0574***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if either field is blank.

This edit is skipped if date of diagnosis >= 2018, blank (unknown), or invalid.

If Rad--Regional RX Modality = 00 (radiation treatment not performed), Reason for No Radiation must not = 0 (radiation performed).

If Rad--Regional RX Modality = 20-98 (radiation performed), Reason for No Radiation must = 0 (radiation performed) and vice versa.

***Administrative Notes***

MODIFICATIONS:

NAACCR v12.0

- Modified to skip if either field is blank.

NAACCR v18C

- Description, logic updated to skip if date of diagnosis 2018+, blank, or invalid

**Radiation Items, DX Post 2017 (COC)**

Agency: COC

Last changed: 05/07/2018 07:35:54

*Edit Tag* N2840***Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

***Description***

If year of Date of Diagnosis is blank (unknown) or invalid, this edit is skipped.

**Radiation Treatment Discontinued Early (COC)**

If year of Date of Diagnosis is greater than 2017, then the following radiation data items must be blank:

Rad--Boost Dose cGy  
 Rad--Boost RX Modality  
 Rad--No of Treatments Vol  
 Rad--Regional Dose: cGy  
 Rad--Regional RX Modality  
 Rad--Treatment Volume

***Administrative Notes***

New edit - NAACCR v18 metafile

**Radiation Treatment Discontinued Early (COC)**

Agency: COC

Last changed: 02/21/2018 17:46:48

*Edit Tag* N2560

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This data item is used to identify patients/tumors whose radiation treatment course was discontinued earlier than initially planned. That is the patient/tumor received fewer treatment fractions (sessions) than originally intended by the treating physician.

1. The data item may be blank. Other edits check that the item is recorded according to standard setter requirements by date.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Radiation Treatment Discontinued Early: 00-07, 99.

00: No radiation treatment  
 01: Radiation treatment completed as prescribed  
 02: Radiation treatment discontinued early - toxicity  
 03: Radiation treatment discontinued early - contraindicated due to other patient risk factors (comorbid conditions, advanced age, progression of tumor prior to planned radiation etc.)  
 04: Radiation treatment discontinued early - patient decision  
 05: Radiation discontinued early - family decision  
 06: Radiation discontinued early - patient expired  
 07: Radiation discontinued early - reason not documented  
 99: Unknown if radiation treatment discontinued;  
 Unknown whether radiation therapy administered

**Reason for No Radiation (NAACCR)*****Administrative Notes***

New edit - added to NAACCR v18 metafile

**Reason for No Radiation (NAACCR)**

Agency: NAACCR

Last changed: 01/14/2010

Edit Tag N1234

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid code for Reason for No Radiation (0-2,5-9) or blank.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

**Reason for No Radiation, Date of DX (NPCR)**

Agency: NPCR

Last changed: 02/10/2015

Edit Tag N1614

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of Diagnosis is blank.

This edit requires Reason for No Radiation for cases that meet all of the following criteria:

1. Year of Date of Diagnosis is 2011-2014

AND

Case is one of the following site/histologies

A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

**Reason for No Radiation, PHI Radiation Treatment Modality (NAACCR)**

2. Year of Date of Diagnosis is 2015 or later  
- All cases

**Administrative Notes**

New edit - added to NAACCR v12.1A metafile.

**Modifications:****NAACCR v12.2**

- Modified to require Reason for No Radiation only for cancers of the breast, colon, and rectum (instead of all sites) diagnosed 2011 and later.

**NAACCR v12.2A**

- Edit description corrected to state that Reason for No Radiation is required for breast, colon, and rectum cases if year of Date of Diagnosis is "2011 or later" instead of "2010 or later".

**NAACCR v15**

- Edit modified to require Reason for No Radiation for all cases diagnosed 2015 or later. For cases diagnosed 2011-2014, Reason for No Radiation is required only for breast, colon, and rectum cases.

## Reason for No Radiation, PHI Radiation Treatment Modality (NAACCR)

Agency: NAACCR

Last changed: 11/20/2018 11:40:16

Edit Tag N3969

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

- This edit is skipped for the following conditions:
  - Reason for No Radiation is blank
  - Phase I Radiation Treatment Modality is blank
  - Diagnosis date is pre-2018, blank (unknown), or invalid.
- If Reason for No Radiation = 0 (radiation performed),  
Phase I Radiation Treatment Modality must = 01-16,99 (radiation performed)
- If Reason for No Radiation = 1,2,5,6, or 7 (no radiation performed)  
Phase I Radiation Treatment Modality must = 00 (no radiation performed)
- If Reason for No Radiation = 8 (radiation recommended, unknown if performed)  
Phase I Radiation Treatment Modality must = 00 (no radiation performed) or 99 (unknown if radiation performed)
- If Reason for No Radiation = 9 (unknown if radiation performed)  
Phase I Radiation Treatment Modality must = 99 (unknown if radiation performed)

**Reason for No Radiation, RX Date Radiation (COC)**

NOTE: Phase I Radiation Modality code 99 means either unknown radiation treatment modality or unknown if radiation performed

***Administrative Notes***

New edit - NAACCR v18 metafile

Modifications

NAACCR v18C

- Description, logic updated to require Phase I Radiation Treatment Modality = 00 or 99 if Reason No Radiation = 8

**Reason for No Radiation, RX Date Radiation (COC)**

Agency: COC

Last changed: 02/22/2018 21:22:51

Edit Tag N0863

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Reason for No Radiation is blank
2. Both RX Date Radiation and RX Date Radiation Flag are blank, indicating the date was intentionally not collected.
3. Year of date of diagnosis is blank or invalid.

The edit works as follows:

1. If Reason for No Radiation equals 8 (radiation was recommended, but it is unknown if it was administered), then RX Date Radiation Flag must equal 15 (when radiation is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up).
2. If RX Date Radiation Flag equals 15, then Reason for No Radiation must equal 8.
3. If RX Date Radiation Flag equals 12 (date is unknown) or RX Date Radiation is not blank, then Reason for No Radiation must equal 0 (radiation was administered).
4. If Reason for No Radiation equals 9 (unknown if given):
  - If year of Date of Diagnosis is 2012 or later, then RX Date Radiation Flag must = 10 (unknown if given).

***Administrative Notes***

Modifications

**Reason for No Radiation, Vital Status (COC)**

## NAACCR v12

- Edit modified to use RX Date--Radiation Flag
- Also added logic that checks if date is unknown (RX Date--Radiation Flag equals 12) or RX Date--Radiation is not blank, then Reason for No Radiation must equal 0 (radiation was administered).

## NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

## NAACCR v13

- Edit name changed from 'Reason for No Radiation, RX Date--Radiation (COC)' to 'Reason for No Radiation, RX Date Radiation (COC)'.
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.
- Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

## NAACCR v18

- Edit logic format changed
- Failure on invalid date of diagnosis changed to skip for invalid date of diagnosis

**Reason for No Radiation, Vital Status (COC)**

Agency: COC

Last changed: 07/08/2003

*Edit Tag* N0639***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If Reason for No Radiation = 5 (radiation therapy was not administered because the patient died prior to planned or recommended treatment), then Vital Status cannot = 1 (alive).

**Reason for No Surgery (SEER NCDSURG)**

Agency: SEER

Last changed: 04/12/2007

*Edit Tag* N0222***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid Reason for No Surgery code (0-2,5-9).



**Reason for No Surgery, Vital Status (COC)*****Administrative Notes***

This edit differs from the NPCR edit of the same name in that it does not allow the field to be blank.

**Reason for No Surgery, Vital Status (COC)**

Agency: COC

Last changed: 07/08/2003

Edit Tag N0640

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If Reason for No Surgery = 5 (surgery of the primary site was not performed because the patient died prior to planned or recommended surgery), then Vital Status cannot = 1 (alive).

**Regional Nodes Ex, Reg Nodes Pos (COC)**

Agency: COC

Last changed: 09/02/2010

Edit Tag N0118

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if:

1. Regional Nodes Examined is blank
2. Regional Nodes Positive is blank
3. Year of Date of Diagnosis is blank

If year of Date of Diagnosis is less than 2010 and CS Version Input Original is less than 020000 or blank:

1. If Regional Nodes Examined = 00, Regional Nodes Positive must = 98.
2. If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 97 or 99, or be less than or equal to Regional Nodes Examined.
3. If Regional Nodes Examined = 95, 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99.
4. If Regional Nodes Examined = 99, then Regional Nodes Positive must = 99.

If year of Date of Diagnosis is 2010 or later OR if CS Version Input original is greater than 020000:

1. If Regional Nodes Examined = 00, Regional Nodes Positive must = 98.
2. If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 95, 97 or 99, or be less than or equal to Regional Nodes Examined.
3. If Regional Nodes Examined = 95, Regional Nodes Positive must

**Regional Nodes Examined (NAACCR)**

= 00, 95, or 99.

4. If Regional Nodes Examined = 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99.
5. If Regional Nodes Examined = 99, then Regional Nodes Positive must = 99.

**Administrative Notes**

Modifications:

NACR110C

06/06/06

Condition 3 was changed to include code 95 in Regional Nodes Examined and Regional Nodes Positive:

Changed from:

If Regional Nodes Examined = 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 97, or 99

to:

If Regional Nodes Examined = 95, 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99

Condition 5 (If Regional Nodes Examined = 95, Regional Nodes Positive must = 00, 95, or 99) was deleted

NAACCR v12.0:

Modified edit to be consistent with the CSv2 definitions of code 95 for Regional Nodes Examined and Regional Nodes Positive.

- This additional logic applies to cases diagnosed 2010 or later and to cases with CS Version Input Original of greater than 020000.

- Changed "If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 97 or 99, or be less than or equal to Regional Nodes Examined"

to "If Regional Nodes Examined = 01 - 90, Regional Nodes Positive must = 95, 97 or 99, or be less than or equal to Regional Nodes Examined"

- Added "If Regional Nodes Examined = 95, Regional Nodes Positive must = 00, 95, or 99"

- Changed "If Regional Nodes Examined = 95, 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99"

to "If Regional Nodes Examined = 96, 97, or 98, Regional Nodes Positive must = 00 - 90, 95, 97, or 99"

NAACCR v12C:

Updated description to state certain logic is performed if CS Version Input Original is less than 020000 or blank.

**Regional Nodes Examined (NAACCR)**

Agency: NAACCR

Last changed: 01/18/2010

Edit Tag N1247

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

**Regional Nodes Examined, Date of Dx (SEER)**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

**Description**

Regional Nodes Examined must be a two-digit number with values of 00-90, 95-99, or blank.

**Administrative Notes**

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

**Regional Nodes Examined, Date of Dx (SEER)**

Agency: SEER

Last changed: 06/08/2016

Edit Tag N2357

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if  
1. Year of date of diagnosis is blank

If year of Date of Diagnosis is greater than 2003, then Regional Nodes Examined [830] cannot be blank.

**Administrative Notes**

New edit for v16 metafile  
SEER IF538

**Regional Nodes Positive (NAACCR)**

Agency: NAACCR

Last changed: 01/18/2010

Edit Tag N1248

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Regional Nodes Positive, Date of Dx (SEER)****Description**

Regional Nodes Positive must be a two-digit number with values of 00-90, 95, 97-99, or blank.

**Administrative Notes**

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

**Regional Nodes Positive, Date of Dx (SEER)**

Agency: SEER

Last changed: 06/08/2016

Edit Tag N2358

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if  
1. Year of date of diagnosis is blank

If year of Date of Diagnosis is greater than 2003, then Regional Nodes Positive [820] cannot be blank.

**Administrative Notes**

New edit for v16 metafile  
SEER IF537

**Regional Nodes Positive, Examined, Schema ID (NAACCR)**

Agency: NAACCR

Last changed: 03/23/2019 16:09:48

Edit Tag N3964

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if any of the following conditions is true:  
1. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid.  
2. Regional Nodes Examined or Regional Nodes Positive is blank  
3. Schema ID is blank

**Residual Tumor Volume Post Cytoreduction, Date DX (NAACCR)**

4. Primary Site is blank
5. Histologic Type ICD-O-3 is blank

Regional Nodes Positive and Regional Nodes Examined must both be coded '99' for the following Schema IDs:

|       |                                                  |
|-------|--------------------------------------------------|
| 00560 | Placenta                                         |
| 00721 | Brain                                            |
| 00722 | CNS Other                                        |
| 00723 | Intracranial Gland                               |
| 00790 | Lymphoma                                         |
| 00795 | Lymphoma (CLL/SLL)                               |
| 00821 | Plasma Cell Myeloma                              |
| 00822 | Plasma Cell Disorders (excluding Histology 9734) |
| 00830 | HemeRetic                                        |
| 99999 | Ill-defined Other (excluding C422)               |

Any with Primary Site code = C420, C421, C423, C424, C700-C709, C710-C729,  
C751-C753, C761-C768, C770-C779, C809

***Administrative Notes***

New edit - NAACCR v18 metafile

**Modifications**

NAACCR v18C metafile

- Updated Description, Logic to require Regional Nodes Positive and Examined = 99 for Schema ID 00822 when Histologic Type ICD-O-3 not = 9734, for Schema ID 99999 when Primary Site not = 422, and for any Schema when Primary Site = C420, C421, C423, C424, C700-C709, C710-C729, C751-C753, C761-C768, C770-C779, C809

## Residual Tumor Volume Post Cytoreduction, Date DX (NAACCR)

Agency: NAACCR

Last changed: 05/02/2018 19:24:43

Edit Tag N2926

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Residual Tumor Volume Post Cytoreduction, Schema ID, Required (MCR/NAACCR)****Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Residual Tumor Volume Post Cytoreduction code or blank:
  - 00: No gross residual tumor nodules
  - 10: Residual tumor nodule(s) 1 centimeter (cm) or less  
AND neoadjuvant chemotherapy not given or unknown if given
  - 20: Residual tumor nodule(s) 1 cm or less  
AND neoadjuvant chemotherapy given (before surgery)
  - 30: Residual tumor nodule(s) greater than 1 cm  
AND neoadjuvant chemotherapy not given or unknown if given
  - 40: Residual tumor nodule(s) greater than 1 cm  
AND neoadjuvant chemotherapy given (before surgery)
  - 90: Macroscopic residual tumor, size not stated  
AND neoadjuvant chemotherapy not given or unknown if given
  - 91: Macroscopic residual tumor nodule(s), size not stated  
AND neoadjuvant chemotherapy given (before surgery)
  - 92: Procedure described as optimal debulking and size of residual tumor nodule(s) not given  
AND neoadjuvant chemotherapy not given or unknown if given
  - 93: Procedure described as optimal debulking and size of residual tumor nodule(s) not given  
AND neoadjuvant chemotherapy given (before surgery)
  - 97: No cytoreductive surgery performed
  - 98: Not applicable: Information not collected for this case
  - 99: Not documented in medical record  
Residual tumor status after cytoreductive surgery not assessed or unknown if assessed

Another edit, Residual Tumor Volume Post Cytoreduction, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

## Residual Tumor Volume Post Cytoreduction, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/09/2019 16:39:40

Edit Tag MA2927

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Response to Neoadjuvant Therapy, Date DX (NAACCR)****Description**

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Residual Tumor Volume Post Cytoreduction is not "98" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00550: Ovary  
00551: Primary Peritoneal Carcinoma  
00552: Fallopian Tube

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to require the field 2019+ instead of 2018+.

**Response to Neoadjuvant Therapy, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 12/15/2018 21:57:49

Edit Tag N2674

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Response to Neoadjuvant Therapy code or blank:
  - 0: Neoadjuvant therapy not given
  - 1: Stated as complete response (CR)
  - 2: Stated as partial response (PR)
  - 3: Stated as response to treatment, but not noted if complete or partial
  - 4: Stated as no response (NR)
  - 8: Not applicable: Information not collected for this case

**Response to Neoadjuvant Therapy, Schema ID, Required, CoC Flag (MCR/SEER)**

9: Not documented in medical record

Response to Neoadjuvant Therapy not assessed or unknown if assessed

Another edit, Response to Neoadjuvant Therapy, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Response to Neoadjuvant Therapy, Schema ID, Required, CoC Flag (MCR/SEER)**

Agency: NONE

Last changed: 04/09/2019 16:35:59

Edit Tag MA3948

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Diagnosis date before 2019, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. CoC Accredited Flag not = 1

Response to Neoadjuvant Therapy is required by SEER only if collected by a CoC-accredited facility on an analytic case (CoC Accredited Flag = 1).

2. This edit verifies that Response to Neoadjuvant Therapy is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00480: Breast



**RX Date BRM (COC)*****Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to require the field 2019+ instead of 2018+.

**RX Date BRM (COC)**

Agency: COC

Last changed: 11/24/2012

*Edit Tag* N0071

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if RX Date BRM is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).

Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD      Century+Year, Month and Day are provided.

CCYYMM\_\_      Century+Year and Month. Day consists of two blank spaces.

CCYY\_\_\_\_\_      Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Note: The COC single-field edit on RX Date--BRM was deleted from earlier versions of the metafile because, as of 2003, RX Date--Systemic replaced RX Date--BRM, RX Date--Chemo, and RX Date--Hormone. Beginning with cases diagnosed 2010 and later, the COC once again requires RX Date--BRM, RX Date--Chemo, and RX Date--Hormone.

Modifications

NAACCR v13

EditWriter 5

1001

10/17/2019 02:45 PM

**RX Date BRM Flag (NAACCR)**

- Edit name changed from 'RX Date--BRM (COC)' to 'RX Date BRM (COC)'.
- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.

**RX Date BRM Flag (NAACCR)**

Agency: NAACCR

Last changed: 11/24/2012

*Edit Tag N1071****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The RX Date BRM Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date BRM.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if immunotherapy administered).

11 No proper value is applicable in this context (e.g., no immunotherapy administered; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., immunotherapy administered but date is unknown).

15 Information is not available at this time, but it is expected that it will be available later (e.g., immunotherapy is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up).

Blank A valid date value is provided in item RX Date BRM, or the date was not expected to have been transmitted.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications****NAACCR v13**

- Edit name changed from 'RX Date--BRM Flag(NAACCR)' to 'RX Date BRM Flag(NAACCR)'.
- Data item name changed from 'RX Date--BRM Flag' to 'RX Date BRM Flag'.

**RX Date BRM, Date Flag (COC)**

Agency: COC

Last changed: 11/19/2017 11:32:31

**RX Date BRM, Date Flag (COC)****Edit Tag N1122****Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

General information on the inter-field editing of date and date flag fields:  
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require RX Date BRM because it was not required by the COC for cases diagnosed 2003-2009; that is, RX Date BRM and its corresponding date flag, RX Date BRM Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If RX Date BRM is populated, then RX Date BRM Flag must be blank.
3. If RX Date BRM is blank and RX Date BRM Flag is not blank, then RX Date BRM Flag must = 10 (unknown if immunotherapy administered), 11 (immunotherapy not given), 12 (immunotherapy given, but date is unknown), or 15 (planned, not yet given).

Note: Another edit [RX Date BRM, Date Flag, DX Date (COC)] verifies that either the date or the flag is populated for cases diagnosed prior to 2003 and 2010 and later.

**Administrative Notes**

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF511

This edit differs from the NAACCR edit of the same name in that it allows both RX Date BRM and RX Date BRM Flag to be blank.

**Modifications****NAACCR v13**

- Edit name changed from 'RX Date--BRM, Date Flag (COC)' to 'RX Date BRM, Date Flag (COC)'.
- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.
- Data item name changed from 'RX Date--BRM Flag' to 'RX Date BRM Flag'.

**NAACCR v15**

- Added SEER IF number (IF511)

**NAACCR v18**

- Extra space removed from edit name

RX Date BRM, Date Flag, DX Date (NPCR)

**RX Date BRM, Date Flag, DX Date (NPCR)**

Agency: NPCR

Last changed: 02/10/2015

*Edit Tag* N1426***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

General information on the inter-field editing of date and date flag fields:  
 The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date BRM OR RX Date BRM Flag for cases that meet the following criteria:

1. Year of Date of Diagnosis is 2011-2014

AND

Case is one of the following site/histologies

A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

2. Year of Date of Diagnosis is 2015 or later

- All cases

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

This edit differs from the COC, "RX Date BRM, Date Flag, DX Date (COC)", in that NPCR requires RX Date BRM or RX Date BRM Flag only for cancers of the breast, colon, and rectum diagnosed 2011-2014 and for all cases diagnosed 2015 and later, while the COC edit requires the date or flag for cases diagnosed prior to 2003 and cases diagnosed 2010 or later.

Modifications:

NAACCR v12.2

- Modified to require date or date flag only for cancers of the breast, colon, and rectum diagnosed 2011 and later.

NAACCR v13

- Edit name changed from 'RX Date--BRM, Date Flag, DX Date (NPCR)' to 'RX Date BRM, Date Flag, DX Date (NPCR)'.

**RX Date BRM, Date Last Contact (COC)**

- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.
- Data item name changed from 'RX Date--BRM Flag' to 'RX Date BRM Flag'.

## NAACCR v15

- Edit modified to require date or flag for all cases diagnosed 2015 or later. For cases diagnosed 2011-2014, date or flag is required only for breast, colon, and rectum cases.

**RX Date BRM, Date Last Contact (COC)**

Agency: COC

Last changed: 03/27/2017 15:28:47

*Edit Tag* N1386***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank.

RX Date BRM must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF512

## Modifications

## NAACCR v13

- Edit name changed from 'RX Date--BRM, Date Last Contact (COC)' to 'RX Date BRM, Date Last Contact (COC)'.
- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.

## NAACCR v15

- Added SEER IF number (IF512)

**RX Date BRM, Date of Diagnosis (COC)**

Agency: COC

Last changed: 01/09/2015

*Edit Tag* N1530

**RX Date BRM, RX Date Systemic (COC)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank or invalid.

RX Date BRM must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

In the SEER\*Edits software, the title of this edit is: IF513

**Modifications****NAACCR v13**

- Edit name changed from 'RX Date--BRM, Date of Diagnosis (COC)' to 'RX Date BRM, Date of Diagnosis (COC)'.
- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.

**NAACCR v15**

- Added SEER IF number (IF513)

**RX Date BRM, RX Date Systemic (COC)**

Agency: COC

Last changed: 11/24/2012

Edit Tag N1428

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank or invalid.

RX Date BRM must be greater than or equal to RX Date Systemic. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

**RX Date Chemo (COC)**

## Modifications

## NAACCR v13

- Edit name changed from 'RX Date--BRM, RX Date--Systemic (COC)' to 'RX Date BRM, RX Date Systemic (COC)'.
- Data item name changed from 'RX Date--BRM' to 'RX Date BRM'.
- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

**RX Date Chemo (COC)**

Agency: COC

Last changed: 11/24/2012

*Edit Tag* N1046***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if RX Date Chemo is empty.

## General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).  
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD      Century+Year, Month and Day are provided.  
CCYYMM\_\_      Century+Year and Month. Day consists of two blank spaces.  
CCYY\_\_\_\_      Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

## Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Note: The COC single-field edit on RX Date--Chemo was deleted from earlier versions of the metafile because, as of 2003, RX Date--Systemic replaced RX Date--BRM, RX Date--Chemo, and RX Date--Hormone. Beginning with cases diagnosed 2010 and later, the COC once again requires RX Date--BRM, RX Date--Chemo, and RX Date--Hormone.

## Modifications

**RX Date Chemo Flag (NAACCR)**

NAACCR v13

- Edit name changed from 'RX Date--Chemo (COC)' to 'RX Date Chemo (COC)'.
- Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.

**RX Date Chemo Flag (NAACCR)**

Agency: NAACCR

Last changed: 11/24/2012

*Edit Tag N1121****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The RX Date Chemo Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date Chemo.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if chemotherapy administered).

11 No proper value is applicable in this context (e.g., no chemotherapy administered; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., chemotherapy administered but date is unknown).

15 Information is not available at this time, but it is expected that it will be available later (e.g., chemotherapy is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up).

Blank A valid date value is provided in item RX Date Chemo, or the date was not expected to have been transmitted.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications**

NAACCR v13

- Edit name changed from 'RX Date--Chemo Flag(NAACCR)' to 'RX Date Chemo Flag(NAACCR)'.
- Data item name changed from 'RX Date--Chemo Flag' to 'RX Date Chemo Flag'.



## RX Date Chemo, Date Flag (COC)

**RX Date Chemo, Date Flag (COC)**

Agency: COC

Last changed: 11/19/2017 11:31:57

*Edit Tag* N1113***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

General information on the inter-field editing of date and date flag fields:  
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require RX Date Chemo because it was not required by the COC for cases diagnosed 2003-2009; that is, RX Date Chemo and its corresponding date flag, RX Date Chemo Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If RX Date Chemo is populated, then RX Date Chemo Flag must be blank.
3. If RX Date Chemo is blank and RX Date Chemo Flag is not blank, then RX Date Chemo Flag must = 10 (unknown if chemo given), 11 (chemo not given), 12 (chemo given, but date is unknown), or 15 (planned, not yet given).

Note: Another edit [RX Date Chemo, Date Flag, DX Date (COC)] verifies that either the date or the flag is populated for cases diagnosed prior to 2003 and 2010 and later.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF514

This edit differs from the NAACCR edit of the same name in that it allows both RX Date Chemo and RX Date Chemo Flag to be blank.

**Modifications****NAACCR v13**

- Edit name changed from 'RX Date--Chemo, Date Flag (COC)' to 'RX Date Chemo, Date Flag (COC)'.
- Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.
- Data item name changed from 'RX Date--Chemo Flag' to 'RX Date Chemo Flag'.

**NAACCR v15**

- Added SEER IF number (IF514)

**RX Date Chemo, Date Flag, DX Date (NPCR)**

NAACCR v18

- Extra space removed from edit name

**RX Date Chemo, Date Flag, DX Date (NPCR)**

Agency: NPCR

Last changed: 02/10/2015

*Edit Tag* N1425***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

General information on the inter-field editing of date and date flag fields:  
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Chemo OR RX Date Chemo Flag for cases that meet the following criteria:

1. Year of Date of Diagnosis is 2011-2014

AND

Case is one of the following site/histologies

A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

2. Year of Date of Diagnosis is 2015 or later

- All cases

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

This edit differs from the COC, "RX Date Chemo, Date Flag, DX Date (COC)", in that NPCR requires RX Date Chemo or RX Date Chemo Flag only for cancers of the breast, colon, and rectum diagnosed 2011-2014 and for all cases diagnosed 2015 and later, while the COC edit requires the date or flag for all cases diagnosed prior to 2003 and cases diagnosed 2010 or later.

Modifications:

NAACCR v12.2

- Modified to require date or date flag only for cancers of the breast, colon, and rectum diagnosed 2011 and later.

**RX Date Chemo, Date Last Contact (COC)**

## NAACCR v13

- Edit name changed from 'RX Date--Chemo, Date Flag, DX Date (NPCR)' to 'RX Date Chemo, Date Flag, DX Date (NPCR)'.
- Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.
- Data item name changed from 'RX Date--Chemo Flag' to 'RX Date Chemo Flag'.

## NAACCR v15

- Edit modified to require date or flag for all cases diagnosed 2015 or later. For cases diagnosed 2011-2014, date or flag is required only for breast, colon, and rectum cases.

**RX Date Chemo, Date Last Contact (COC)**

Agency: COC

Last changed: 01/09/2015

*Edit Tag N1384****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank.

RX Date Chemo must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF515

## Modifications

## NAACCR v13

- Edit name changed from 'RX Date--Chemo, Date Last Contact (COC)' to 'RX Date Chemo, Date Last Contact (COC)'.
- Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.

## NAACCR v15

- Added SEER IF number (IF515)

**RX Date Chemo, Date of Diagnosis (COC)**

Agency: COC

Last changed: 01/09/2015

*Edit Tag N1531*

**RX Date Chemo, RX Date Systemic (COC)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank or invalid.

RX Date Chemo must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

In the SEER\*Edits software, the title of this edit is: IF516

**Modifications****NAACCR v13**

- Edit name changed from 'RX Date--Chemo, Date of Diagnosis (COC)' to 'RX Date Chemo, Date of Diagnosis (COC)'.
- Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.

**NAACCR v15**

- Added SEER IF number (IF516)

**RX Date Chemo, RX Date Systemic (COC)**

Agency: COC

Last changed: 11/25/2012

Edit Tag N1429

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank or invalid.

RX Date Chemo must be greater than or equal to RX Date Systemic. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

**RX Date DX/Stg Proc (COC)**

## Modifications

## NAACCR v13

- Edit name changed from 'RX Date--Chemo, RX Date--Systemic (COC)' to 'RX Date Chemo, RX Date Systemic(COC)'.
- Data item name changed from 'RX Date--Chemo' to 'RX Date Chemo'.
- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

**RX Date DX/Stg Proc (COC)**

Agency: COC

Last changed: 12/14/2012

*Edit Tag* N0171***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if RX Date DX/Stg Proc is empty.

## General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).  
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD      Century+Year, Month and Day are provided.  
CCYYMM\_\_      Century+Year and Month. Day consists of two blank spaces.  
CCYY\_\_\_\_\_      Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

## Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

***Administrative Notes***

## MODIFICATIONS:

## NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

## NAACCR v13

- Edit name changed from 'RX Date--DX/Stg Proc (COC)' to 'RX Date DX/Stg Proc (COC)'.

**RX Date Dx/Stg Proc Flag (NAACCR)**

- Data item name changed from 'RX Date--DX/Stg Proc' to 'RX Date DX/Stg Proc'.

**RX Date Dx/Stg Proc Flag (NAACCR)**

Agency: NAACCR

Last changed: 12/14/2012

Edit Tag N1084

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The RX Date DX/Stg Proc Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date DX/Stg Proc.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if any diagnostic or staging procedure performed).

11 No proper value is applicable in this context (e.g., no diagnostic or staging procedure performed; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., diagnostic or staging procedure performed but date is unknown).

Blank A valid date value is provided in item RX Date DX/Stg Proc, or the date was not expected to have been transmitted.

**Administrative Notes**

New edit - added to NAACCR v12.0 metafile.

**Modifications**

NAACCR v13

- Edit name changed from 'RX Date--DX/Stg Proc Flag(NAACCR)' to 'RX Date DX/Stg Proc Flag(NAACCR)'.
- Data item name changed from 'RX Date--DX/Stg Proc Flag' to 'RX Date DX/Stg Proc Flag'.

**RX Date DX/Stg Proc, Date Flag (COC)**

Agency: COC

Last changed: 11/25/2012

Edit Tag N1105

**RX Date DX/Stg Proc, Date Last Contact (COC)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

General information on the inter-field editing of date and date flag fields:  
 The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date DX/Stg Proc; that is, it must always be populated OR its corresponding flag must indicate the reason the field is blank.

1. If RX Date DX/Stg Proc is populated, then RX Date DX/Stg Proc Flag must be blank.
2. If RX Date DX/Stg Proc is blank, then RX Date DX/Stg Proc Flag must = 10 (unknown if any diagnostic or staging procedure performed), 11 (no diagnostic or staging procedure performed; autopsy only case), or 12 (diagnostic or staging procedure performed but date is unknown) .

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications****NAACCR v13**

- Edit name changed from 'RX Date--DX/Stg Proc, Date Flag (COC)' to 'RX Date DX/Stg Proc, Date Flag (COC)'.
- Data item name changed from 'RX Date--DX/Stg Proc' to 'RX Date DX/Stg Proc'.
- Data item name changed from 'RX Date--DX/Stg Proc Flag' to 'RX Date DX/Stg Proc Flag'.

**RX Date DX/Stg Proc, Date Last Contact (COC)**

Agency: COC

Last changed: 11/25/2012

*Edit Tag* N0867

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if RX Date DX/Stg Proc or Date of Last Contact is blank.

**RX Date Hormone (COC)**

Date of Last Contact must not precede RX Date DX/Stg Proc. If both years are known, but either month is unknown (99), then only the years are compared. If either day is unknown (99), then only the years and months are compared.

Date of Last Contact must be greater than or equal to RX Date DX/Stg Proc. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--DX/Stg Proc, Date Last Contact (COC)' to 'RX Date DX/Stg Proc, Date Last Contact (COC)'.

- Data item name changed from 'RX Date--DX/Stg Proc' to 'RX Date DX/Stg Proc'.

**RX Date Hormone (COC)**

Agency: COC

Last changed: 07/29/2017 16:42:08

*Edit Tag* N0073

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if RX Date Hormone is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.

CCYYMM Century+Year and Month. Day consists of two blank spaces.

CCYY Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.



**RX Date Hormone Flag (NAACCR)*****Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Note: The COC single-field edit on RX Date--Hormone was deleted from earlier versions of the metafile because, as of 2003, RX Date--

Systemic replaced RX Date--BRM, RX Date--Chemo, and RX Date--Hormone. Beginning with cases diagnosed 2010 and later, the COC

once again requires RX Date--BRM, RX Date--Chemo, and RX Date--Hormone.

**Modifications****NAACCR v13**

- Edit name changed from 'RX Date--Hormone (COC)' to 'RX Date Hormone (COC)'.
- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.

**Modifications****NAACCR v18**

- Name changed, extra space removed

**RX Date Hormone Flag (NAACCR)**

Agency: NAACCR

Last changed: 11/24/2012

*Edit Tag* N1072

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The RX Date Hormone Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date Hormone.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if hormone therapy administered).

11 No proper value is applicable in this context (e.g., no hormone therapy administered; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., hormone therapy administered but date is unknown).

**RX Date Hormone, Date Flag (COC)**

15 Information is not available at this time, but it is expected that it will be available later (e.g., hormone therapy is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up).

Blank A valid date value is provided in item RX Date Hormone, or the date was not expected to have been transmitted.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications****NAACCR v13**

- Edit name changed from 'RX Date--Hormone Flag(NAACCR)' to 'RX Date Hormone Flag(NAACCR)'.
- Data item name changed from 'RX Date--Hormone Flag' to 'RX Date Hormone Flag'.

**RX Date Hormone, Date Flag (COC)**

Agency: COC

Last changed: 11/19/2017 11:33:02

*Edit Tag* N1124

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

General information on the inter-field editing of date and date flag fields:  
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require RX Date Hormone because it was not required by the COC for cases diagnosed 2003-2009; that is, RX Date Hormone and its corresponding date flag, RX Date Hormone Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If RX Date Hormone is populated, then RX Date Hormone Flag must be blank.
3. If RX Date Hormone is blank and RX Date Hormone Flag is not blank, then RX Date Hormone Flag must = 10 (unknown if Hormone therapy given), 11 (Hormone therapy not given), 12 (Hormone therapy given, but date is unknown), or 15 (planned, not yet given).

Note: Another edit [RX Date Hormone, Date Flag, DX Date (COC)] verifies that either the date or the flag is populated for cases diagnosed prior to 2003 and 2010 and later.

**RX Date Hormone, Date Flag, DX Date (NPCR)*****Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF517

This edit differs from the NAACCR edit of the same name in that it allows both RX Date Hormone and RX Date Hormone Flag to be blank.

**Modifications****NAACCR v13**

- Edit name changed from 'RX Date--Hormone, Date Flag (COC)' to 'RX Date Hormone, Date Flag (COC)'.
- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.
- Data item name changed from 'RX Date--Hormone Flag' to 'RX Date Hormone Flag'.

**NAACCR v15**

- Added SEER IF number (IF517)

**NAACCR v18**

- Extra space removed from edit name

**RX Date Hormone, Date Flag, DX Date (NPCR)**

Agency: NPCR

Last changed: 02/10/2015

*Edit Tag N1427*

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

General information on the inter-field editing of date and date flag fields:  
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Hormone OR RX Date Hormone Flag for cases that meet the following criteria:

1. Year of Date of Diagnosis is 2011-2014

AND

Case is one of the following site/histologies

A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 =

**RX Date Hormone, Date Last Contact (COC)**

8000-9044, 9060-9136, or 9141-9582)

C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3  
= 8000-9044, 9060-9136, or 9141-9582)

2. Year of Date of Diagnosis is 2015 or later  
- All cases

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

This edit differs from the COC, "RX Date Hormone, Date Flag, DX Date (COC)", in that NPCR requires RX Date Hormone or RX Date Hormone Flag only for cancers of the breast, colon, and rectum diagnosed 2011-2014 and for all cases diagnosed 2015 and later, while the COC edit requires the date or flag for cases diagnosed prior to 2003 and cases diagnosed 2010 or later.

**Modifications:****NAACCR v12.2**

- Modified to require date or date flag only for cancers of the breast, colon, and rectum diagnosed 2011 and later.

**NAACCR v13**

- Edit name changed from 'RX Date--Hormone, Date Flag, DX Date (NPCR)' to 'RX Date Hormone, Date Flag, DX Date (NPCR)'.
- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.
- Data item name changed from 'RX Date--Hormone Flag' to 'RX Date Hormone Flag'.

**NAACCR v15**

- Edit modified to require date or flag for all cases diagnosed 2015 or later. For cases diagnosed 2011-2014, date or flag is required only for breast, colon, and rectum cases.

**RX Date Hormone, Date Last Contact (COC)**

Agency: COC

Last changed: 01/09/2015

*Edit Tag* N1385

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank.

RX Date Hormone must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

**RX Date Hormone, Date of Diagnosis (COC)*****Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF518

**Modifications****NAACCR v13**

- Edit name changed from 'RX Date--Hormone, Date Last Contact (COC)' to 'RX Date Hormone, Date Last Contact (COC)'.
- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.

**NAACCR v15**

- Added SEER IF number (IF518)

**RX Date Hormone, Date of Diagnosis (COC)**

Agency: COC

Last changed: 01/09/2015

*Edit Tag* N1532

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank or invalid.

RX Date Hormone must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

In the SEER\*Edits software, the title of this edit is: IF519

**Modifications****NAACCR v13**

- Edit name changed from 'RX Date--Hormone, Date of Diagnosis (COC)' to 'RX Date Hormone, Date of Diagnosis (COC)'.
- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.

**NAACCR v15**

- Added SEER IF number (IF519)

RX Date Hormone, RX Date Systemic (COC)

**RX Date Hormone, RX Date Systemic (COC)**

Agency: COC

Last changed: 11/25/2012

*Edit Tag* N1430***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank or invalid.

RX Date Hormone must be greater than or equal to RX Date Systemic. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

**Modifications**

NAACCR v13

- Edit name changed from 'RX Date--Hormone, RX Date--Systemic (COC)' to 'RX Date Hormone, RX Date Systemic(COC)'.
- Data item name changed from 'RX Date--Hormone' to 'RX Date Hormone'.
- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

**RX Date Mst Defn Srg (COC)**

Agency: COC

Last changed: 11/24/2012

*Edit Tag* N0510***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if RX Date Mst Defn Srg is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

**RX Date Mst Defn Srg Flag (NAACCR)**

CCYYMMDD Century+Year, Month and Day are provided.  
 CCYYMM\_\_ Century+Year and Month. Day consists of two blank spaces.  
 CCYY\_\_\_\_\_ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

**Administrative Notes**

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Most Defin Surg (COC)' to 'RX Date Mst Defn Srg (COC)'.

- Data item name changed from 'RX Date--Most Defin Surg' to 'RX Date Mst Defn Srg'.

**RX Date Mst Defn Srg Flag (NAACCR)**

Agency: NAACCR

Last changed: 11/24/2012

Edit Tag N1092

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The RX Date Mst Defn Srg Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date Mst Defn Srg.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if any surgical procedure of the primary site was performed).

11 No proper value is applicable in this context (e.g., no surgical resection of the primary site was performed and for cases diagnosed at autopsy).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., surgery of the primary site was performed but date is unknown).

**RX Date Mst Defn Srg, Date Flag (COC)**

Blank A valid date value is provided in item RX Date Mst Defn Srg, or the date was not expected to have been transmitted.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications**

NAACCR v13

- Edit name changed from 'RX Date--Mst Defn Srg Flag(NAACCR)' to 'RX Date Mst Defn Srg Flag(NAACCR)'.

**RX Date Mst Defn Srg, Date Flag (COC)**

Agency: COC

Last changed: 12/14/2012

*Edit Tag N1111*

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

General information on the inter-field editing of date and date flag fields:  
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require RX Date Mst Defn Srg; that is, RX Date Mst Defn Srg and its corresponding date flag, RX Date Mst Defn Srg Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If RX Date Mst Defn Srg is populated, then RX Date Mst Defn Srg Flag must be blank.
3. If RX Date Mst Defn Srg is blank and RX Date Mst Defn Srg Flag is not blank, then RX Date Mst Defn Srg Flag must = 10 (unknown if any surgical procedure of the primary site was performed), 11 (no surgical procedure of the primary site was performed; autopsy only case), or 12 (surgical treatment of the primary site was performed but the date is unknown).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications**

NAACCR v13



**RX Date Mst Defn Srg, Date Last Contact (COC)**

- Edit name changed from 'RX Date--Most Defin Surg, Date Flag (COC)' to 'RX Date Mst Defn Srg, Date Flag (COC)'.

- Data item name changed from 'RX Date--Most Defin Surg' to 'RX Date Mst Defn Srg'.

**RX Date Mst Defn Srg, Date Last Contact (COC)**

Agency: COC

Last changed: 11/25/2012

Edit Tag N0525

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if any of the fields are blank.

RX Date Mst Defn Srg must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

**Administrative Notes**

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Most Defin Surg, Date Last Contact (COC)' to 'RX Date Mst Defn Srg, Date Last Contact (COC)'.

- Data item name changed from 'RX Date--Most Defin Surg' to 'RX Date Mst Defn Srg'.

**RX Date Mst Defn Srg, Date of DX (COC)**

Agency: COC

Last changed: 12/14/2012

Edit Tag N0511

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if RX Date Mst Defn Srg or Date of Diagnosis is blank.

**RX Date Mst Defn Srg, RX Date Surgery (COC)**

RX Date Mst Defn Srg must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- Edit no longer checks that RX Date--Most Defin Surg is populated for cases diagnosed 2003 and later. That particular processing is now performed in the edit 'RX Date--Most Defin Surg, Date Flag, DX Date (COC)'.

NAACCR v13

- Edit name changed from 'RX Date--Most Defin Surg, Date of DX (COC)' to 'RX Date Mst Defn Srg, Date of DX (COC)'.
- Data item name changed from 'RX Date--Most Defin Surg' to 'RX Date Mst Defn Srg'.

**RX Date Mst Defn Srg, RX Date Surgery (COC)**

Agency: COC

Last changed: 12/14/2012

*Edit Tag* N0531

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank.

RX Date Mst Defn Srg must be greater than or equal to RX Date Surgery (date of first surgical procedure). If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Most Defin Surg, RX Date--Surgery (COC)' to 'RX Date Mst Defn Srg, RX Date Surgery (COC)'.
- Data item name changed from 'RX Date--Most Defin Surg' to 'RX Date Mst Defn Srg'.
- Data item name changed from 'RX Date--Surgery' to 'RX Date Surgery'.

RX Date Mst Defn Srg, Surg Prim Site (COC)

**RX Date Mst Defn Srg, Surg Prim Site (COC)**

Agency: COC

Last changed: 02/07/2018 22:11:11

*Edit Tag* N0529***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. RX Summ--Surg Prim Site is blank
2. Both RX Date Mst Defn Srg and RX Date Mst Defn Srg Flag are blank, indicating the date was intentionally not collected.
3. Date of Diagnosis is blank

The edit works as follows:

1. If RX Summ--Surg Prim Site = 00 or 98, then RX Date Mst Defn Srg Flag must = 11 (no surgical resection of the primary site was performed).
2. If RX Summ--Surg Prim Site = 99:
  - If year of Date of Diagnosis is < 2012, then RX Date Mst Defn Srg Flag may = 10 (unknown if surgery of primary site) or 12 (surgery performed, but date is unknown).
  - If year of Date of Diagnosis is 2012 or later, then RX Date Mst Defn Srg Flag must = 10.
3. If RX Summ--Surg Prim Site not = 00, 98, 99 and RX Date Mst Defn Srg is blank:
  - If year of Date of Diagnosis is < 2012, then RX Date Mst Defn Srg Flag may = 10 (unknown if surgery of primary site) or 12 (surgery performed, but date is unknown).
  - If year of Date of Diagnosis is 2012 or later, then RX Date Mst Defn Srg Flag must = 12.

Note: Date flag codes 10 and 12 were sometimes used interchangeably for pre-2012 cases due to conversion limitations. For cases diagnosed 2012 and later, the codes must be used correctly.

***Administrative Notes***

Modifications:

NAACCR v12

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

NAACCR v13

**RX Date Other (COC)**

- Edit name changed from 'RX Date--Most Defin Surg, Surg Prim Site (COC)' to 'RX Date Mst Defn Srg, Surg Prim Site (COC)'.
- Data item name changed from 'RX Date--Most Defin Surg' to 'RX Date Mst Defn Srg'.

**RX Date Other (COC)**

Agency: COC

Last changed: 11/24/2012

*Edit Tag* N0074***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if RX Date Other is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.

CCYYMM Century+Year and Month. Day consists of two blank spaces.

CCYY Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

***Administrative Notes***

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Other (COC)' to 'RX Date Other (COC)'.
- Data item name changed from 'RX Date--Other' to 'RX Date Other'.

**RX Date Other Flag (NAACCR)**

Agency: NAACCR

Last changed: 10/07/2014

*Edit Tag* N1085

**RX Date Other, Date Flag (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The RX Date Other Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date Other.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if other therapy performed).

11 No proper value is applicable in this context (e.g., no other treatment performed; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., other treatment performed but date is unknown).

15 Other therapy is planned as part of first course of therapy, but had not been started at the time of the most recent follow-up.

Blank A valid date value is provided in item RX Date Other, or the date was not expected to have been transmitted.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications****NAACCR v13**

- Edit name changed from 'RX Date--Other Flag(NAACCR)' to 'RX Date Other Flag(NAACCR)'.
- Data item name changed from 'RX Date--Other Flag' to 'RX Date Other Flag'.

**NAACCR v15**

- Added code 15 'Other therapy is planned as part of first course of therapy, but had not been started at the time of the most recent follow-up'

**RX Date Other, Date Flag (NAACCR)**

Agency: NAACCR

Last changed: 01/09/2015

Edit Tag N1106

**RX Date Other, Date Flag, DX Date (NPCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

General information on the inter-field editing of date and date flag fields:  
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit does not require RX Date Other because it was not required by the COC until 1996; that is, RX Date Other and its corresponding date flag, RX Date Other Flag, may both be blank, indicating the date was intentionally not collected. However, if either field is populated, they must be in agreement.

1. If both fields are blank, the edit is skipped.
2. If RX Date Other is populated, then RX Date Other Flag must be blank.
3. If RX Date Other is blank and RX Date Other Flag is not blank, then RX Date Other Flag must = 10 (unknown if other therapy administered), 11 (no other treatment administered; autopsy only case), 12 (other therapy administered, but the date is unknown), or 15 (other therapy is planned as part of first course therapy, but not yet started at time of most recent follow-up).

Note: Another edit [RX Date Other, Date Flag, DX Date (COC)] verifies that either the date or the flag is populated for cases diagnosed 1996 or later.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

In the SEER\*Edits software, the title of this edit is: IF520

**Modifications****NAACCR v13**

- Edit name changed from 'RX Date--Other, Date Flag (NAACCR)' to 'RX Date Other, Date Flag (NAACCR)'.
- Data item name changed from 'RX Date--Other' to 'RX Date Other'.
- Data item name changed from 'RX Date--Other Flag' to 'RX Date Other Flag'.

**NAACCR v15**

- Added code 15 'Other therapy is planned as part of first course of therapy, but had not been started at the time of the most recent follow-up'
- Added SEER IF number (IF520)

**RX Date Other, Date Flag, DX Date (NPCR)**

Agency: NPCR

Last changed: 02/10/2015

***Edit Tag N1424***

**RX Date Other, Date Flag, DX Date (NPCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

General information on the inter-field editing of date and date flag fields:  
 The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Other OR RX Date Other Flag for cases that meet the following criteria:

1. Year of Date of Diagnosis is 2011-2014  
     AND  
     Case is one of the following site/histologies
  - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
  - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
  - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 or later
  - All cases

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

This edit differs from the COC, "RX Date Other, Date Flag, DX Date (COC)", in that NPCR requires RX Date Other or RX Date Other Flag only for cancers of the breast, colon, and rectum diagnosed 2011-2014 and for all cases diagnosed 2015 and later, while the COC edit requires the date or flag for cases diagnosed 1996 or later.

**Modifications:****NAACCR v12.2**

- Modified to require date or date flag only for cancers of the breast, colon, and rectum diagnosed 2011 and later.

**NAACCR v13**

- Edit name changed from 'RX Date--Other, Date Flag, DX Date (NPCR)' to 'RX Date Other, Date Flag, DX Date (NPCR)'.
- Data item name changed from 'RX Date--Other' to 'RX Date Other'.
- Data item name changed from 'RX Date--Other Flag' to 'RX Date Other Flag'.

**NAACCR v15**

- Edit modified to require date or flag for all cases diagnosed 2015 or later. For cases diagnosed 2011-2014, date or flag is required only for breast, colon, and rectum cases.

RX Date Other, Date Last Contact (COC)

**RX Date Other, Date Last Contact (COC)**

Agency: COC

Last changed: 01/09/2015

*Edit Tag* N0868***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if RX Date Other or Date of Last Contact is blank.

RX Date Other must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

Modifications:

In the SEER\*Edits software, the title of this edit is: IF521

Modifications

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Other, Date Last Contact (COC)' to 'RX Date Other, Date Last Contact (COC)'.

- Data item name changed from 'RX Date--Other' to 'RX Date Other'.

NAACCR v15

- Added SEER IF number (IF521)

**RX Date Other, Date of Diagnosis (COC)**

Agency: COC

Last changed: 01/09/2015

*Edit Tag* N1533***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |



**RX Date Radiation (COC)****Description**

This edit is skipped if any of the fields are blank or invalid.

RX Date Other must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

**Administrative Notes**

New edit - added to NAACCR v12.1A metafile.

In the SEER\*Edits software, the title of this edit is: IF522

**Modifications****NAACCR v13**

- Edit name changed from 'RX Date--Other, Date of Diagnosis (COC)' to 'RX Date Other, Date of Diagnosis (COC)'.
- Data item name changed from 'RX Date--Other' to 'RX Date Other'.

**NAACCR v15**

- Added SEER IF number (IF522)

**RX Date Radiation (COC)**

Agency: COC

Last changed: 11/24/2012

Edit Tag N0549

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if RX Date Radiation is empty.

**General Date Editing Rules:**

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.  
 CCYYMM Century+Year and Month. Day consists of two blank spaces.  
 CCYY Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

**Range checking:**

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)  
 Highest allowed value: current system date

**RX Date Radiation Flag (NAACCR)**

When month is known, it is checked to ensure it falls within range 01...12.  
When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

***Administrative Notes*****MODIFICATIONS:****NAACCR v12.0**

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**NAACCR v13**

- Edit name changed from 'RX Date--Radiation (COC)' to 'RX Date Radiation (COC)'.  
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.

**RX Date Radiation Flag (NAACCR)**

**Agency: NAACCR**

**Last changed: 11/24/2012**

*Edit Tag* N1073

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The RX Date Radiation Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date Radiation.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if radiation therapy administered).

11 No proper value is applicable in this context (e.g., no radiation therapy administered; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., date radiation ended is unknown).

15 Information is not available at this time, but it is expected that it will be available later (e.g., radiation was administered and was ongoing at the time of most recent follow-up).

Blank A valid date value is provided in item RX Date Radiation, or the date was not expected to have been transmitted.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**RX Date Radiation, Date Flag, DX Date (NPCR)**

## Modifications

## NAACCR v13

- Edit name changed from 'RX Date--Radiation Flag(NAACCR)' to 'RX Date Radiation Flag(NAACCR)'.
- Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

**RX Date Radiation, Date Flag, DX Date (NPCR)**

Agency: NPCR

Last changed: 02/10/2015

*Edit Tag* N1602***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

General information on the inter-field editing of date and date flag fields:  
The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Radiation OR RX Date Radiation Flag for cases that meet the following criteria:

1. Year of Date of Diagnosis is 2011-2014  
AND  
Case is one of the following site/histologies
  - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
  - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
  - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 or later
  - All cases

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

This edit differs from the COC, "RX Date Radiation, Date Flag (COC)", in that NPCR requires RX Date Radiation or RX Date Radiation Flag only for cancers of the breast, colon, and rectum diagnosed 2011-2014 and for all cases diagnosed 2015 and later, while the COC edit requires the date or flag for all cases.

## Modifications:

## NAACCR v12.2

**RX Date Radiation, Date Last Contact (COC)**

- Modified to require date or date flag only for cancers of the breast, colon, and rectum diagnosed 2011 and later.

## NAACCR v13

- Edit name changed from 'RX Date--Radiation, Date Flag, DX Date (NPCR)' to 'RX Date Radiation, Date Flag, DX Date (NPCR)'.
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.
- Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

## NAACCR v15

- Edit modified to require date or flag for all cases diagnosed 2015 or later. For cases diagnosed 2011-2014, date or flag is required only for breast, colon, and rectum cases.

**RX Date Radiation, Date Last Contact (COC)**

Agency: COC

Last changed: 01/09/2015

*Edit Tag* N1383***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank.

RX Date Radiation must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

New edit - added to NAACCR v12.1 metafile.

In the SEER\*Edits software, the title of this edit is: IF524

## Modifications

## NAACCR v13

- Edit name changed from 'RX Date--Radiation, Date Last Contact (COC)' to 'RX Date Radiation, Date Last Contact (COC)'.
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.

## NAACCR v15

- Added SEER IF number (IF524)

**RX Date Radiation, Date of Diagnosis (COC)**

Agency: COC

Last changed: 01/09/2015

EditWriter 5

1036

10/17/2019 02:45 PM

**RX Date Radiation, Phi Radiation Treatment Modality (NAACCR)***Edit Tag* N1534***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank or invalid.

RX Date Radiation must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

In the SEER\*Edits software, the title of this edit is: IF525

**Modifications****NAACCR v13**

- Edit name changed from 'RX Date--Radiation, Date of Diagnosis (COC)' to 'RX Date Radiation, Date of Diagnosis (COC)'.
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.

**NAACCR v15**

- Added SEER IF number (IF525)

## **RX Date Radiation, Phi Radiation Treatment Modality (NAACCR)**

**Agency:** NAACCR**Last changed:** 08/08/2018 23:07:40*Edit Tag* N3968***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. This edit is skipped if any of the following conditions is true:
  - a. Phase I Radiation Treatment Modality is blank
  - b. Both RX Date Radiation and RX Date Radiation Flag are blank, indicating the date was intentionally not collected.

**RX Date Radiation, Rad--Regional RX Modality (COC)**

c. Diagnosis date before 2018, blank (unknown), or invalid

2. If RX Date Radiation Flag = 11 (no radiation therapy administered), then Phase I Radiation Treatment Modality must equal 00 (none).

Note: The RX Date Radiation Flag code indicates why there is no appropriate value in the corresponding date field, RX Date Radiation. A flag value of 11 = traditional date of 00000000. Another edit, "RX Date Radiation, Date Flag (COC)", verifies that the date and flag fields are in agreement.

***Administrative Notes***

New edit - NAACCR v18 metafile

**RX Date Radiation, Rad--Regional RX Modality (COC)**

Agency: COC

Last changed: 02/07/2018 22:11:11

Edit Tag N0570

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Rad--Regional RX Modality is blank
2. Both RX Date Radiation and RX Date Radiation Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "RX Date Radiation, Date Flag (COC)", verifies that the date and flag fields are in agreement.

If RX Date Radiation Flag = 11 (no radiation therapy administered), then Rad--Regional RX Modality must equal 00 (none).

Note: The RX Date Radiation Flag code indicates why there is no appropriate value in the corresponding date field, RX Date Radiation. A flag value of 11 = traditional date of 00000000.

***Administrative Notes***

Modifications

NAACCR v12

- Edit modified to use RX Date--Radiation Flag

NAACCR v13

- Edit name changed from 'RX Date--Radiation, Rad--Regional RX Modality (COC' to 'RX Date Radiation, Rad--Regional RX Modality (COC)'.  
- Data item name changed from 'RX Date--Radiation' to 'RX Date Radiation'.

**RX Date Surgery (COC)**

- Data item name changed from 'RX Date--Radiation Flag' to 'RX Date Radiation Flag'.

**RX Date Surgery (COC)**

Agency: NAACCR

Last changed: 11/24/2012

Edit Tag N0356

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if RX Date Surgery is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD).  
Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.

CCYYMM\_\_ Century+Year and Month. Day consists of two blank spaces.

CCYY\_\_\_\_\_ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

**Administrative Notes**

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Surgery (COC)' to 'RX Date Surgery (COC)'.

- Data item name changed from 'RX Date--Surgery' to 'RX Date Surgery'.

**RX Date Surgery Flag (NAACCR)**

Agency: NAACCR

Last changed: 11/24/2012

Edit Tag N1086

**RX Date Surgery, Date Flag (COC)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The RX Date Surgery Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date Surgery.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if any surgical procedure of the primary site was performed).

11 No proper value is applicable in this context (e.g., no surgical procedure was performed; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., surgery of the primary site was performed but date is unknown).

Blank A valid date value is provided in item RX Date Surgery, or the date was not expected to have been transmitted.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications****NAACCR v13**

- Edit name changed from 'RX Date--Surgery Flag(NAACCR)' to 'RX Date Surgery Flag(NAACCR)'.
- Data item name changed from 'RX Date--Surgery Flag' to 'RX Date Surgery Flag'.

**RX Date Surgery, Date Flag (COC)**

Agency: COC

Last changed: 12/14/2012

Edit Tag N1108

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

General information on the inter-field editing of date and date flag fields:



**RX Date Surgery, Date Last Contact (COC)**

The purpose of this inter-field edit is to verify that a date field and the corresponding date flag field are in agreement. A blank flag field indicates that the date was either filled in or intentionally not collected. Otherwise the date flag should include a 2-digit code indicating the reason the date field is blank.

This edit requires RX Date Surgery; that is, it must always be populated OR its corresponding flag must indicate the reason the field is blank.

1. If RX Date Surgery is populated, then RX Date Surgery Flag must be blank.
2. If RX Date Surgery is blank, then RX Date Surgery Flag must = 10 (unknown if any surgery was performed), 11 (no surgical procedure was performed; autopsy only case), or 12 (surgery was performed but the date is unknown).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications**

NAACCR v13

- Edit name changed from 'RX Date--Surgery, Date Flag (COC)' to 'RX Date Surgery, Date Flag (COC)'.
- Data item name changed from 'RX Date--Surgery' to 'RX Date Surgery'.
- Data item name changed from 'RX Date--Surgery Flag' to 'RX Date Surgery Flag'.

**RX Date Surgery, Date Last Contact (COC)**

Agency: COC

Last changed: 01/09/2015

*Edit Tag* N0869

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank.

RX Date Surgery must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

Modifications:

In the SEER\*Edits software, the title of this edit is: IF527

**Modifications**

NAACCR v12.0

**RX Date Surgery, Date of Diagnosis (COC)**

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

## NAACCR v13

- Edit name changed from 'RX Date--Surgery, Date Last Contact (COC)' to 'RX Date Surgery, Date Last Contact (COC)'.

- Data item name changed from 'RX Date--Surgery' to 'RX Date Surgery'.

## NAACCR v15

- Added SEER IF number (IF527)

**RX Date Surgery, Date of Diagnosis (COC)**

Agency: COC

Last changed: 01/09/2015

*Edit Tag* N1535

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank or invalid.

RX Date Surgery must be greater than or equal to Date of Diagnosis. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

New edit - added to NAACCR v12.1A metafile.

In the SEER\*Edits software, the title of this edit is: IF528

## Modifications

## NAACCR v13

- Edit name changed from 'RX Date--Surgery, Date of Diagnosis (COC)' to 'RX Date Surgery, Date of Diagnosis (COC)'.

- Data item name changed from 'RX Date--Surgery' to 'RX Date Surgery'.

## NAACCR v15

- Added SEER IF number (IF528)

**RX Date Surgery, RX Text--Surgery (NAACR/MCR)**

Agency: NONE

Last changed: 12/21/2018 14:39:59

*Edit Tag* MA2522

**RX Date Systemic (COC)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If RX Date Surgery is not empty, the first 79 characters of RX Text--Surgery must not be blank.

MCR modification: No text required for non-analytic class. No text required before 2001 diagnoses.

**RX Date Systemic (COC)**

Agency: COC

Last changed: 11/24/2012

Edit Tag N0567

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if RX Date Systemic is empty.

General Date Editing Rules:

Date fields are recorded in the D1 date format of year, month, day (CCYYMMDD). Month and day must have leading zeros for values 01...09.

The following date formats are allowed:

CCYYMMDD Century+Year, Month and Day are provided.

CCYYMM\_\_ Century+Year and Month. Day consists of two blank spaces.

CCYY\_\_\_\_\_ Century+Year. Month and Day consist of four blank spaces.

Dates are checked first to ensure they conform to one of these formats, then for errors in the components. Checking stops on the first non-valid situation.

Range checking:

Lowest allowed value: January 1, 1850 (or in D1 format: 18500101)

Highest allowed value: current system date

When month is known, it is checked to ensure it falls within range 01...12.

When month and day are known, day is checked to ensure it falls within range for that specific month. Accommodation is made for leap years.

***Administrative Notes***

MODIFICATIONS:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

**RX Date Systemic Flag (NAACCR)**

- Edit name changed from 'RX Date--Systemic (COC)' to 'RX Date Systemic (COC)'.
- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

**RX Date Systemic Flag (NAACCR)**

Agency: NAACCR

Last changed: 11/24/2012

*Edit Tag* N1075***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The RX Date Systemic Flag codes indicates why there is no appropriate value in the corresponding date field, RX Date Systemic.

Note: This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates. See Flavors of Null table in its entirety which includes the NAACCR codes, HL7 codes and definitions.

Allowable codes:

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if systemic therapy administered).

11 No proper value is applicable in this context (e.g., no systemic therapy administered; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., systemic therapy administered but date is unknown).

15 Information is not available at this time, but it is expected that it will be available later (e.g., systemic therapy is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up).

Blank A valid date value is provided in item RX Date Systemic, or the date was not expected to have been transmitted.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications**

NAACCR v13

- Edit name changed from 'RX Date--Systemic Flag(NAACCR)' to 'RX Date Systemic Flag(NAACCR)'.

**RX Date Systemic, Date Last Contact (COC)**

Agency: COC

Last changed: 11/25/2012

*Edit Tag* N0528

**RX Date Systemic, Systemic RX (COC)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank.

RX Date Systemic must be less than or equal to Date of Last Contact. If both years are known, but either month is blank, then only the years are compared. If either day is blank, then only the years and months are compared.

***Administrative Notes***

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v13

- Edit name changed from 'RX Date--Systemic, Date Last Contact (COC)' to 'RX Date Systemic, Date Last Contact (COC)'.

- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

**RX Date Systemic, Systemic RX (COC)**

Agency: COC

Last changed: 02/07/2018 22:11:11

Edit Tag N0800

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Any of RX Summ--Chemo, RX Summ--Hormone, RX Summ--BRM, or RX Summ--Transplnt/Endocr are blank
2. Both RX Date Systemic and RX Date Systemic Flag are blank, indicating the date was intentionally not collected.
3. Date of Diagnosis is blank

The edit works as follows:

1. If RX Summ--Chemo, RX Summ--Hormone, RX Summ--BRM, and RX Summ--Transplnt/Endocr all = 00 or 82-87, then RX Date Systemic Flag must = 11 (no systemic rx).

2. If (RX Summ--Chemo = 01, 02, 03 or RX Summ--Hormone = 01 or RX Summ--BRM = 01 or RX Summ--Transplnt/Endocr = 10-40) AND RX Date Systemic is blank:

**RX Hosp--BRM (NAACCR)**

- If year of Date of Diagnosis is < 2012, then RX Date System Flag may = 10 (unknown if administered) or 12 (administered, but date is unknown).
  - If year of Date of Diagnosis is 2012 or later, then RX Date Systemic Flag must = 12.
3. If at least one of the summary treatment fields (RX Summ--Chemo, RX Summ--Hormone, RX Summ--BRM or RX Summ--Transplnt/Endocr) = 88, and:  
If all of the remaining summary treatment fields = 00 or 82-88, then RX Date Systemic Flag must = 15 (planned, not yet given).
4. If RX Summ--Chemo, RX Summ--Hormone, RX Summ--BRM, AND RX Summ--Transplnt/Endocr = 99:  
- If year of Date of Diagnosis is 2012 or later, then RX Date Systemic Flag must = 10.

Note: Date flag codes 10 and 12 were sometimes used interchangeably for pre-2012 cases due to conversion limitations. For cases diagnosed 2012 and later, the codes must be used correctly.

***Administrative Notes***

Modifications:

**NAACCR v12**

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**NAACCR v12.2**

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

**NAACCR v13**

- Edit name changed from 'RX Date--Systemic, Systemic RX (COC)' to 'RX Date Systemic, Systemic RX(COC)'.
- Data item name changed from 'RX Date--Systemic' to 'RX Date Systemic'.

**RX Hosp--BRM (NAACCR)**

Agency: NAACCR

Last changed: 01/14/2010

*Edit Tag N1236*

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid RX Hosp--BRM code (00, 01, 82, 85-88, 99) or blank.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**RX Hosp--BRM, RX Summ--BRM (COC)**

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

**RX Hosp--BRM, RX Summ--BRM (COC)**

Agency: COC

Last changed: 01/18/2010

*Edit Tag* N0185***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank.

If RX Hosp--BRM is equal to 01, then RX Summ--BRM must also be equal to 01.

***Administrative Notes***

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

**RX Hosp--Chemo (NAACCR)**

Agency: NAACCR

Last changed: 01/14/2010

*Edit Tag* N1237***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid RX Hosp--Chemo code (00,01,02,03,82,85,86,87,88,99) or blank.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

**RX Hosp--Chemo, RX Summ--Chemo (COC)**

Agency: COC

Last changed: 01/18/2010

**RX Hosp--DX/Stg Proc (COC)***Edit Tag N0183****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank.

If RX Hosp--Chemo is equal to 01-03 (given), then RX Summ--Chemo must equal 01-03 (given).

***Administrative Notes***

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

**RX Hosp--DX/Stg Proc (COC)**

Agency: COC

Last changed: 01/27/2003

*Edit Tag N0142****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a numeric value (00-07, 09).

**RX Hosp--DX/Stg Proc, RX Summ--DX/Stg Proc (COC)**

Agency: COC

Last changed: 01/18/2010

*Edit Tag N0187****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank.



**RX Hosp--Hormone (NAACCR)**

If RX Hosp--DX/Stg Proc = 01-07 (given) then RX Summ--DX/Stg Proc must also = 01-07 (given).

***Administrative Notes***

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

**RX Hosp--Hormone (NAACCR)**

Agency: NAACCR

Last changed: 01/14/2010

Edit Tag N1239

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid RX Hosp--Hormone code (00,01,82,85,86,87,88,99) or blank.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

**RX Hosp--Hormone, RX Summ--Hormone (COC)**

Agency: COC

Last changed: 01/18/2010

Edit Tag N0184

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank.

If RX Hosp--Hormone is equal to 01 (given), then RX Summ--Hormone must equal 01 (given).

***Administrative Notes***

MODIFICATIONS:

**RX Hosp--Other (COC)**

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

**RX Hosp--Other (COC)**

Agency: COC

Last changed: 03/30/2004

*Edit Tag* N0139***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This field is allowed to be blank because the item was not required until 2003. Another edit (RX Hosp--Other, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2002 and not equal 9999. Registries should include both edits in their edit set.

Must be a valid RX Hosp--Other code (0-3, 6-9) or blank.

**RX Hosp--Other, RX Summ--Other (COC)**

Agency: COC

Last changed: 01/18/2010

*Edit Tag* N0186***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank.

If RX Hosp--Other = 1-6 (given) then RX Summ--Other must = 1-6 (given).

***Administrative Notes***

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

**RX Hosp--Palliative Proc (NAACCR)**

Agency: NAACCR

Last changed: 01/14/2010

*Edit Tag* N1240

**RX Hosp--Palliative Proc, RX Summ--Pall Proc (COC)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This field must contain 0-7, 9, or blank.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

**RX Hosp--Palliative Proc, RX Summ--Pall Proc (COC)**

Agency: COC

Last changed: 01/18/2010

Edit Tag N0575

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank.

If RX Hosp--Palliative Proc = 1-7 (given) then RX Summ--Palliative Proc must = 1-7 (given).

***Administrative Notes***

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

**RX Hosp--Scope LN Sur, RX Summ--Scope LN Sur(COC)**

Agency: COC

Last changed: 01/18/2010

Edit Tag N0257

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**RX Hosp--Scope Reg LN Sur (COC)****Description**

This edit is skipped if any of the fields are blank.

If RX Hosp--Scope Reg LN Sur is greater than 0, RX Summ--Scope Reg LN Sur must also be greater than 0. If RX Hosp--Scope Reg LN Sur = 1-7 (performed) then RX Summ--Scope Reg LN Sur must not = 0 (no regional lymph nodes removed) or 9 (unknown).

**Administrative Notes**

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

**RX Hosp--Scope Reg LN Sur (COC)**

Agency: COC

Last changed: 02/13/2003

Edit Tag N0261

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Must be a valid RX Hosp--Scope Reg LN Sur (0-7,9).

**RX Hosp--Scope Reg LN Sur, Primary Site,ICDO3 (COC)**

Agency: COC

Last changed: 01/26/2019 16:35:51

Edit Tag N0611

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if RX Hosp--Scope Reg LN Sur, Histologic Type ICD-O-3 or Date of Diagnosis is empty. This edit is skipped if Date of Diagnosis > 2018.

RX Hosp--Scope Reg LN Sur must = 9 for the following:

1. Primaries of the meninges, brain, spinal cord, cranial nerves, other parts of the central nervous system, and intracranial other endocrine (Primary Site = C700-C729, C751-C753)
2. Hodgkin and non-Hodgkin lymphoma with a lymph node primary site:

**RX Hosp--Scope Reg LN Sur, Primary Site,ICDO3 (COC)**

A. If year of Date of Diagnosis < 2010:

If Histologic Type ICD-O-3 = 9590-9729 AND Primary Site = C770-C779

B. If year of Date of Diagnosis is 2010-2017:

If Histologic Type ICD-O-3 = [9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948, 9971] AND Primary Site = C770-C779

3. Unknown and ill-defined sites (C760-C768, C809):

A. If year of Date of Diagnosis < 2018 Primary site = C760-C768, C809

B. If year of Date of Diagnosis = 2018: C761-C768, C809, and  
Schema ID = 99999 and C760

4. Hematopoietic, reticuloendothelial, immunoproliferative, or  
myeloproliferative disease:

For all sites:

A. If year of Date of Diagnosis < 2010:

If Histologic Type ICD-O-3 = [9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989]

B. If year of Date of Diagnosis is 2010-2017:

If Histologic Type ICD-O-3 = [9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992]

If Primary Site = C420, C421, C423, or C424

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF109

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit

sets in this metafile using the COC version have been updated to use the SEER version instead.

**Modifications:**

NACR111

10/23/06

Changed histology grouping for Hodgkin and non-Hodgkin lymphoma from "9590-9699, 9702-9729" to "9590-9729"; that is 9700 and 9701 are now included.

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

- Added intracranial other endocrine (C751, C752, C753) to list of primary sites that require Summ--Scope Reg LN Sur to = 9.

NAACCR v12.0

- Changed list of hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease histologies that are coded 9:

-- For cases diagnosed prior to 2010, codes remain the same.

-- For cases diagnosed 2010+, histology codes:

**RX Hosp--Scope Reg LN Sur, Schema ID (COC)**

9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992

- Changed list of lymphoma histologies to be coded 9 when sited to lymph nodes:

- For cases diagnosed prior to 2010, codes remain the same.

- For cases diagnosed 2010+, histology codes:

9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948 and 9971

**NAACCR v18**

- Name changed, parenthesis added at end

- Edits on histology lists for > 2009 changed to > 2009 and < 2018

- Schema ID 99999 added to check on C760 for Scope = 9

- Failure on invalid date changed to skip

**NAACCR v18C**

- Description, logic modified to skip for date of diagnosis > 2018

-

**RX Hosp--Scope Reg LN Sur, Schema ID (COC)**

Agency: COC

Last changed: 07/30/2019 15:43:41

*Edit Tag N5024****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that RX Hosp--Scope Reg LN Sur is coded appropriately by Schema ID and/or Primary Site code.

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID is blank
  - RX Hosp--Scope Reg LN Sur is blank.
  - Primary Site is blank
  - Histologic Type ICD-O-3 is blank

- RX Hosp--Scope Reg LN Sur must = 9 for the following Schema IDs:

00721 Brain  
 00722 CNS Other  
 00723 Intracranial Gland  
 00790 Lymphoma, C770-C779 only  
 00795 Lymphoma CLL/SLL, C770-C779 only  
 99999 Ill-Defined Other (excluding C422)

Any with Primary Site code = C420, C421, C423, C424, C700-C709,  
 C710-C729, C751-C753, C761-C768, C770-C779, C809

**RX Hosp--Surg Oth Reg, RX Summ--Surg Oth Reg (COC)*****Administrative Notes***

New edit - NAACCR v18C metafile

Modifications

NAACCR v18D

- Schema IDs 00821, 00822, 00830 removed from list of Schemas where RX Summ--Scope Reg LN Sur must = 9

**RX Hosp--Surg Oth Reg, RX Summ--Surg Oth Reg (COC)**

Agency: COC

Last changed: 01/18/2010

*Edit Tag* N0258

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank.

If RX Hosp--Surg Oth Reg/Dis is equal to 1-5 (given), then RX Summ--Surg Oth Reg/Dis must equal 1-5 (given).

***Administrative Notes***

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

**RX Hosp--Surg Oth Reg/Dis (COC)**

Agency: COC

Last changed: 01/23/2003

*Edit Tag* N0262

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid RX Hosp--Surg Oth Reg/Dis (0-5,9).

**RX Hosp--Surg Pri Sit, RX Summ--Surg Pri Sit (COC)**

Agency: COC

Last changed: 01/18/2010

EditWriter 5

1055

10/17/2019 02:45 PM

**RX Hosp--Surg Prim Site (COC)***Edit Tag N0181****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank.

If RX Hosp--Surg Prim Site is greater than 00, RX Summ--Surg Prim Site must also be greater than 00. If RX Hosp--Surg Prim Site = 10-90 (given) then RX Summ--Surg Prim Site must not = 00 (no surgery of primary site) or 99 (unknown if surgery of primary site performed).

***Administrative Notes***

MODIFICATIONS:

NAACCR v12.0

- Modified so that edit will be skipped if either field is blank.

**RX Hosp--Surg Prim Site (COC)**

Agency: COC

Last changed: 08/15/2003

*Edit Tag N0180****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a numeric value (00, 10-90, 98, 99).

**RX Hosp--Surg Prim Site, Primary Site, ICDO2 (COC)**

Agency: COC

Last changed: 11/02/2009

*Edit Tag N0602****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |



**RX Hosp--Surg Prim Site, Primary Site, ICDO3 (COC)****Description**

This edit is skipped if Histology (92-00) ICD-O-2 is empty or year of Date of Diagnosis is greater than 2000 or is blank.

The valid RX Hosp--Surg Prim Site codes for each Primary Site are specified in Appendix B of the FORDS Manual-2003.

Exceptions are as follows:

For all sites, if Histology (92-00) ICD-O-2 = 9720, 9760-9764, 9800-9820, 9826, 9840-9894, 9910, 9931-9962, 9980-9989, then RX Hosp--Surg Prim Site must = 98.

If Primary Site = C420, C421, C423, or C424, then RX Hosp--Surg Prim Site must = 98.

**Administrative Notes**

Modifications:

NAACCR v11.3

This edit was modified so that it will be skipped if year of Date of Diagnosis is greater than 2000.

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**RX Hosp--Surg Prim Site, Primary Site, ICDO3 (COC)**

Agency: COC

Last changed: 11/20/2018 10:54:51

Edit Tag N0603

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if either Histologic Type ICD-O-3, RX Hosp--Surg Prim Site, or Date of

Diagnosis is blank. This edit is skipped for year of Date of Diagnosis = 2018 and Histologic Type ICD-O-3 = 9702-9992, or year of Date of Diagnosis > 2018.

The valid RX Hosp--Surg Prim Site codes for each Primary Site are specified in Appendix B of the STORE Manual-2018.

Exceptions are as follows:

For all sites:

1. If year of Date of Diagnosis is < 2010 and Histologic Type ICD-O-3 = [9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989], then RX Hosp--Surg Prim Site must = 98.

**RX Hosp--Surg Prim Site, Schema ID, Primary Site (COC)**

2. If year of Date of Diagnosis is 2010-2017 and Histologic Type ICD-O-3 = [9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992], then RX Hosp--Surg Prim Site must = 98.

If Primary Site = C420, C421, C423, or C424, then RX Hosp--Surg Prim Site must = 98.

If Primary Site group is All Other Sites (group 30 in the table used for this edit) and RX

Hosp--Surg Prim Site = 41 (enucleation for eye surgery only), then Primary Site must = C690-C699.

Unknown and ill-defined sites (C760-C768, C809) must also = 98.

***Administrative Notes*****Modifications:****NAACCR v12.0**

- Hematopoietic end range code was changed from 9989 to 9992.
- Modified to skip if either Histologic Type ICD-O-3 or RX Hosp--Surg Prim Site is empty.

**NAACCR v12D**

- Changed list of hematopoietic histologies that require RX Summ--Surg Prim Site code of 98:
  - For cases diagnosed prior to 2010, codes remain the same.
  - For cases diagnosed 2010+, codes requiring RX Summ--Surg Prim Site code of 98: 9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992

**NAACCR v12.1:**

Added code 76 as allowable surgery code for primary site of breast.

**NAACCR v18**

- Added skip for diagnosis date > 2018 and histologic type ICD-O-3 = 9702-9992
- Failure on invalid date changed to skip
- Reference to FORDS manual in description changed to STORE Manual

**NAACCR v18C**

- Description, logic modified to pass if date of diagnosis > 2018

**RX Hosp--Surg Prim Site, Schema ID, Primary Site (COC)**

**Agency: COC**

**Last changed: 07/25/2019 21:42:15**

**Edit Tag N5023**

**RX Summ--BRM (NPCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that RX Hosp--Surg Prim Site is coded appropriately by Schema ID and/or Primary Site.

1. This edit is skipped for any of the following:
  - a. Diagnosis date before 2019, blank (unknown), or invalid.
  - b. Schema ID is blank
  - c. Primary Site is blank
  - d. RX Hosp--Surg Prim Site is blank
  - e. Type of Reporting Source = 7 (Death Certificate Only)
1. The valid RX Hosp--Surg Prim Site codes for Schema ID and Primary Site are specified in Appendix B of the STORE Manual-2019. The surgery codes are identified by site group codes 01-30 in the EW table SURG03; Schema IDs and Primary Site codes are mapped to the site group codes in the EW table SCHEMASURG19.
2. If Primary Site group is All Other Sites (group 30) and RX Hosp--Surg Prim Site = 41 (enucleation for eye surgery only), then Primary Site must = C690-C699 (multiple possible Schema IDs).
3. Surgery codes for the following Schema IDs must = 98:
  - 00060    Cervical Nodes and Unknown Primary
  - 99999    Unknown and Ill-defined (excluding C422, C770-C779)
  - Any with Primary Site C420, C421, C423, and C424
4. Surgery codes for the following Schema IDs may = 98:
  - 00821    Plasma Cell Myeloma
  - 00822    Plasma Cell Disorders
  - 00830    HemeRetic

***Administrative Notes***

New edit - NAACCR v18C metafile

**Modifications**

NAACCR v18D

- Description, logic modified to not require but to allow RX Summ--Surg Prim Site = 98 for Schema IDs 00821, 00822, 00830

**RX Summ--BRM (NPCR)**

Agency: NPCR

Last changed: 12/09/2011

**RX Summ--BRM, Date of DX (NPCR)***Edit Tag N0822****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid RX Summ--BRM code (00, 01, 82, 85-88, 99) or blank.

***Administrative Notes***

This edit differs from the COC edit of the same name in that it allows the field to be blank because the item was not required by NPCR until 2006. Another edit (RX Summ--BRM, Date of DX (NPCR)) verifies that this item is not blank for cancers of the breast, colon, and rectum diagnosed 2006 and later.

Modifications:

NAACCR v12.2

- Corrected portion of Administrative Notes that explains how this edit differs from COC edit of the same name.

**RX Summ--BRM, Date of DX (NPCR)**

Agency: NPCR

Last changed: 02/10/2015

*Edit Tag N0819****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of Diagnosis is blank.

This edit requires RX Summ--BRM for cases that meet all of the following criteria:

1. Year of Date of Diagnosis is 2006-2014

AND

Case is one of the following site/histologies

A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

2. Year of Date of Diagnosis is 2015 or later

- All cases

**RX Summ--BRM, RX Date BRM (COC)*****Administrative Notes*****Modifications:****NAACCR v12.0**

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**NAACCR v12.2**

- Modified to require RX Summ--BRM only for cancers of the breast, colon, and rectum (instead of all sites) diagnosed 2006 and later.

**NAACCR v15**

- Edit modified to require RX Summ--BRM for all cases diagnosed 2015 or later. For cases diagnosed 2006-2014, RX Summ--BRM is required only for breast, colon, and rectum cases.

**RX Summ--BRM, RX Date BRM (COC)**

**Agency:** COC

**Last changed:** 02/07/2018 22:11:11

**Edit Tag** N1249

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. RX Summ--BRM is blank
2. Both RX Date BRM and RX Date BRM Flag are blank, indicating the date was intentionally not collected.
3. Date of Diagnosis is blank

Note: Another edit, "RX Date BRM, Date Flag (COC)", verifies that the date and flag fields are in agreement.

The logic below takes into account that the RX Summ--BRM code of 88 was allowed historically to be coded with RX Date BRM codes of 00000000 and 99999999.

1. If RX Summ--BRM = 00, 82, or 85-87 (BRM not given), then RX Date BRM Flag field must = 11 (no BRM).
2. If RX Summ--BRM = 01 (BRM given) and RX Date BRM is blank, then RX Date BRM Flag field must indicate why the date is blank.
  - If year of Date of Diagnosis is < 2012, then RX Date BRM Flag may = 10 (unknown if administered) or 12 (administered, but date is unknown).
  - If year of Date of Diagnosis is 2012 or later, then RX Date BRM Flag must = 12.
3. If RX Summ--BRM = 88 (recommended, but unknown if given), then RX Date BRM Flag must indicate the reason.
  - If year of Date of Diagnosis < 2012, then RX Date BRM Flag may = 10 (unknown if administered), 11 (no BRM), 12 (administered, but date is unknown), or 15 (planned, not yet given).
  - If year of Date of Diagnosis is 2012 or later, then RX Date BRM Flag must = 15.

**RX Summ--BRM, RX Date BRM (COC/MCR)**

4. If RX Summ--BRM = 99 (unknown if given), then RX Date BRM Flag must = 10 (unknown if administered).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications:****NAACCR v12.2**

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

**NAACCR v13**

- Edit name changed from 'RX Summ--BRM, RX Date--BRM (COC)' to 'RX Summ--BRM, RX Date BRM (COC)'.
- Data item name changed from "RX Date--BRM" to "RX Date BRM".
- Data item name changed from "RX Date--BRM Flag" to "RX Date BRM Flag".

**RX Summ--BRM, RX Date BRM (COC/MCR)**

Agency: NONE

Last changed: 12/21/2018 14:40:56

Edit Tag MA2525

***Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions are true:

1. RX Summ--BRM is blank
2. Both RX Date BRM and RX Date BRM Flag are blank, indicating the date was intentionally not collected.
3. Date of Diagnosis is blank
4. Date of Diagnosis is less than 2006 (MCR modification)

Note: Another edit, "RX Date BRM, Date Flag (COC)", verifies that the date and flag fields are in agreement.

The logic below takes into account that the RX Summ--BRM code of 88 was allowed historically to be coded with RX Date BRM codes of 00000000 and 99999999.

1. If RX Summ--BRM = 00, 82, or 85-87 (BRM not given), then RX Date BRM Flag field must = 11 (no BRM).
2. If RX Summ--BRM = 01 (BRM given) and RX Date BRM is blank, then RX Date BRM Flag field must indicate why the date is blank.
  - If year of Date of Diagnosis is < 2012, then RX Date BRM Flag may = 10 (unknown if administered) or 12 (administered, but date is unknown).
  - If year of Date of Diagnosis is 2012 or later, then RX Date BRM Flag must = 12.
3. If RX Summ--BRM = 88 (recommended, but unknown if given), then RX Date BRM Flag must indicate the reason.

**RX Summ--BRM, RX Text--BRM (NAACCR/MCR)**

- If year of Date of Diagnosis < 2012, then RX Date BRM Flag may = 10 (unknown if administered), 11 (no BRM), 12 (administered, but date is unknown), or 15 (planned, not yet given).
- If year of Date of Diagnosis is 2012 or later, then RX Date BRM Flag must = 15.

4. If RX Summ--BRM = 99 (unknown if given), then RX Date BRM Flag must = 10 (unknown if administered).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Modifications:

MCR: Edit is skipped for diagnoses before 2006.

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

NAACCR v13

- Edit name changed from 'RX Summ--BRM, RX Date--BRM (COC)' to 'RX Summ--BRM, RX Date BRM (COC)'.
- Data item name changed from "RX Date--BRM" to "RX Date BRM".
- Data item name changed from "RX Date--BRM Flag" to "RX Date BRM Flag".

**RX Summ--BRM, RX Text--BRM (NAACCR/MCR)**

Agency: NONE

Last changed: 12/21/2018 14:41:15

Edit Tag MA2526

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If RX Summ--BRM = 01 (biological response modifier administered), RX Text--BRM must not be blank.

MCR modification: no text required for pre-2001 diagnoses nor non-analytic classes of case.

***Administrative Notes***

v16: removed check on transplant code vs. text; NAACCR edit does not require text for transplants.

**RX Summ--BRM, Vital Status (COC)**

Agency: COC

Last changed: 07/08/2003

Edit Tag N0641

**RX Summ--Chemo (NPCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If RX Summ--BRM = 85 (immunotherapy was not administered because the patient died prior to planned or recommended therapy), then Vital Status cannot = 1 (alive).

**RX Summ--Chemo (NPCR)**

Agency: NPCR

Last changed: 12/09/2011

*Edit Tag* N0823***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid RX Summ--Chemo code (00-03,82,85-88,99) or blank.

***Administrative Notes***

This edit differs from the COC edit of the same name in that it allows the field to be blank because the item was not required by NPCR until 2006. Another edit (RX Summ--Chemo, Date of DX (NPCR)) verifies that this item is not blank for cancers of the breast, colon, and rectum diagnosed 2006 and later.

Modifications:

NAACCR v12.2

- Corrected portion of Administrative Notes that explains how this edit differs from COC edit of the same name.

**RX Summ--Chemo, Date of DX (NPCR)**

Agency: NPCR

Last changed: 02/10/2015

*Edit Tag* N0817***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of Diagnosis is blank.



**RX Summ--Chemo, RX Date Chemo (COC)**

This edit requires RX Summ--Chemo for cases that meet all of the following criteria:

1. Year of Date of Diagnosis is 2006-2014  
     AND  
     Case is one of the following site/histologies
  - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
  - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
  - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 or later  
     - All cases

***Administrative Notes***

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Modified to require RX Summ--Chemo only for cancers of the breast, colon, and rectum (instead of all sites) diagnosed 2006 and later.

NAACCR v15

- Edit modified to require RX Summ--Chemo for all cases diagnosed 2015 or later. For cases diagnosed 2006-2014, RX Summ--Chemo is required only for breast, colon, and rectum cases.

**RX Summ--Chemo, RX Date Chemo (COC)**

Agency: COC

Last changed: 02/07/2018 22:11:11

*Edit Tag N1038*

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. RX Summ--Chemo is blank
2. Both RX Date Chemo and RX Date Chemo Flag are blank, indicating the date was intentionally not collected.
3. Date of Diagnosis is blank

Note: Another edit, "RX Date Chemo, Date Flag (COC)", verifies that the date and flag fields are in agreement.

The logic below takes into account that the RX Summ--Chemo code of 88 was allowed historically to be coded with RX Date Chemo codes of 00000000 and 99999999.

**RX Summ--Chemo, RX Date Chemo (COC/MCR)**

1. If RX Summ--Chemo = 00, 82, or 85-87 (chemo not given) then RX Date Chemo Flag field must = 11 (no chemo).
2. If RX Summ--Chemo = 01-03 (chemo given) and RX Date Chemo is blank, then RX Date Chemo Flag field must indicate why the date is blank.
  - If year of Date of Diagnosis is < 2012, then RX Date Chemo Flag may = 10 (unknown if administered) or 12 (administered, but date is unknown).
  - If year of Date of Diagnosis is 2012 or later, then RX Date Chemo Flag must = 12.
3. If RX Summ--Chemo = 88 (recommended, but unknown if administered), then RX Date Chemo Flag must indicate the reason.
  - If year of Date of Diagnosis < 2012, then RX Date Chemo Flag may = 10 (unknown if administered), 11 (no Chemo), 12 (administered, but date is unknown), or 15 (planned, not yet given).
  - If year of Date of Diagnosis is 2012 or later, then RX Date Chemo Flag must = 15.
4. If RX Summ--Chemo = 99 (unknown if given), then RX Date Chemo Flag must = 10 (unknown if administered).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications:****NAACCR v12.2**

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

**NAACCR v13**

- Edit name changed from 'RX Summ--Chemo, RX Date--Chemo (COC)' to 'RX Summ--Chemo, RX Date Chemo (COC)'.
- Data item name changed from "RX Date--Chemo" to "RX Date Chemo".
- Data item name changed from "RX Date--Chemo Flag" to "RX Date Chemo Flag".

**RX Summ--Chemo, RX Date Chemo (COC/MCR)**

Agency: NONE

Last changed: 12/21/2018 14:41:33

*Edit Tag* MA2527

***Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions are true:

1. RX Summ--Chemo is blank
2. Both RX Date Chemo and RX Date Chemo Flag are blank, indicating the date was intentionally not collected.
3. Date of Diagnosis is blank
4. Date of Diagnosis is less than 2009 (MCR modification).

**RX Summ--Chemo, RX Text--Chemo (NAACCR/MCR)**

Note: Another edit, "RX Date Chemo, Date Flag (COC)", verifies that the date and flag fields are in agreement.

The logic below takes into account that the RX Summ--Chemo code of 88 was allowed historically to be coded with RX Date Chemo codes of 00000000 and 99999999.

1. If RX Summ--Chemo = 00, 82, or 85-87 (chemo not given) then RX Date Chemo Flag field must = 11 (no chemo).
2. If RX Summ--Chemo = 01-03 (chemo given) and RX Date Chemo is blank, then RX Date Chemo Flag field must indicate why the date is blank.
  - If year of Date of Diagnosis is < 2012, then RX Date Chemo Flag may = 10 (unknown if administered) or 12 (administered, but date is unknown).
  - If year of Date of Diagnosis is 2012 or later, then RX Date Chemo Flag must = 12.
3. If RX Summ--Chemo = 88 (recommended, but unknown if administered), then RX Date Chemo Flag must indicate the reason.
  - If year of Date of Diagnosis < 2012, then RX Date Chemo Flag may = 10 (unknown if administered), 11 (no Chemo), 12 (administered, but date is unknown), or 15 (planned, not yet given).
  - If year of Date of Diagnosis is 2012 or later, then RX Date Chemo Flag must = 15.
4. If RX Summ--Chemo = 99 (unknown if given), then RX Date Chemo Flag must = 10 (unknown if administered).

**Administrative Notes**

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

NAACCR v13

- Edit name changed from 'RX Summ--Chemo, RX Date--Chemo (COC)' to 'RX Summ--Chemo, RX Date Chemo (COC)'.
- Data item name changed from "RX Date--Chemo" to "RX Date Chemo".
- Data item name changed from "RX Date--Chemo Flag" to "RX Date Chemo Flag".

The MCR modification is to skip pre-2009 diagnoses. The Chemo modality was not edited against its date 2003-2009 when COC was not requiring this date.

**RX Summ--Chemo, RX Text--Chemo (NAACCR/MCR)**

Agency: NONE

Last changed: 12/21/2018 14:41:52

Edit Tag MA2528

**Edit Sets**

| Edit Set Name | Edit Set Tag | Agency Code         |
|---------------|--------------|---------------------|
| EditWriter 5  | 1067         | 10/17/2019 02:45 PM |

**RX Summ--Chemo, Vital Status (COC)**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

If RX Summ--Chemo = 01-03 (chemotherapy administered), RX Text--Chemo must not be blank.  
MCR modification: no text required for pre-2001 diagnoses nor non-analytic classes of case

**RX Summ--Chemo, Vital Status (COC)**

Agency: COC

Last changed: 07/08/2003

*Edit Tag* N0642**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

If RX Summ--Chemo = 85 (chemotherapy was not administered because the patient died prior to planned or recommended therapy), then Vital Status cannot = 1 (alive).

**RX Summ--DX/Stg Proc (COC)**

Agency: COC

Last changed: 06/24/2002

*Edit Tag* N0125**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Must be a numeric value (00-07, 09).

**RX Summ--DX/Stg Proc, RX Date DX/Stg Proc (COC)**

Agency: COC

Last changed: 02/07/2018 22:11:11

*Edit Tag* N0194**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

**RX Summ--Hormone (NPCR)**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

**Description**

This edit is skipped if any of the following conditions is true:

1. RX Summ--DX/Stg Proc is blank
2. Both RX Date DX/Stg Proc and RX Date DX/Stg Proc Flag are blank, indicating the date was intentionally not collected.
3. Date of Diagnosis is blank

Note: Another edit, "RX Date DX/Stg Proc, Date Flag (COC)", verifies that the date and flag fields are in agreement.

The edit works as follows:

1. If RX Summ--DX/Stg Proc = 00 (no diagnostic or staging procedure performed), then RX Date DX/Stg Proc Flag must = 11 (no diagnostic or staging procedure performed).
2. If RX Summ--DX/Stg Proc = 01-07 (diagnostic or staging procedure performed) and RX Date DX/Stg Proc is blank, then RX Date DX/Stg Proc Flag must indicate why the date is blank.
  - If year of Date of Diagnosis is < 2012, then RX Date DX/Stg Proc Flag may = 10 (unknown if performed) or 12 (performed, but date is unknown).
  - If year of Date of Diagnosis is 2012 or later, then RX Date DX/Stg Proc Flag must = 12.
3. If RX Summ--DX/Stg Proc = 09 (no information about whether a diagnostic or staging procedure was performed), then RX Date DX/Stg Proc Flag must = 10 (unknown if diagnostic or staging procedure performed).

**Administrative Notes****MODIFICATIONS:****NAACCR v12.0**

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules

**NAACCR v12.2**

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

**NAACCR v13**

- Edit name changed from 'RX Summ--DX/Stg Proc, RX Date--DX/Stg Proc (COC)' to 'RX Summ--DX/Stg Proc, RX Date DX/Stg Proc (COC)'.
- Data item name changed from "RX Date--DX/Stg Proc" to "RX Date DX/Stg Proc".
- Data item name changed from "RX Date--DX/Stg Proc Flag" to "RX Date DX/Stg Proc Flag".

**RX Summ--Hormone (NPCR)**

Agency: NPCR

Last changed: 12/09/2011

Edit Tag N0824

**RX Summ--Hormone, Date of DX (NPCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid RX Summ--Hormone code (00, 01, 82, 85-88, 99) or blank.

***Administrative Notes***

This edit differs from the COC edit of the same name in that it allows the field to be blank because the item was not required by NPCR until 2006. Another edit (RX Summ--Hormone, Date of DX (NPCR)) verifies that this item is not blank for cancers of the breast, colon, and rectum diagnosed 2006 and later.

Modifications:

NAACCR v12.2

- Corrected portion of Administrative Notes that explains how this edit differs from COC edit of the same name.

**RX Summ--Hormone, Date of DX (NPCR)**

Agency: NPCR

Last changed: 02/10/2015

Edit Tag N0818

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of Diagnosis is blank.

This edit requires RX Summ--Hormone for cases that meet all of the following criteria:

1. Year of Date of Diagnosis is 2006-2014  
AND  
Case is one of the following site/histologies
  - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
  - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
  - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 or later
  - All cases

***Administrative Notes***

Modifications:

**RX Summ--Hormone, RX Date Hormone (COC)**

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Modified to require RX Summ--Hormone only for cancers of the breast, colon, and rectum (instead of all sites) diagnosed 2006 and later.

NAACCR v15

- Edit modified to require RX Summ--Hormone for all cases diagnosed 2015 or later. For cases diagnosed 2006-2014, RX Summ--Hormone is required only for breast, colon, and rectum cases.

**RX Summ--Hormone, RX Date Hormone (COC)**

Agency: COC

Last changed: 02/07/2018 22:11:11

*Edit Tag N1250****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. RX Summ--Hormone is blank
2. Both RX Date Hormone and RX Date Hormone Flag are blank, indicating the date was intentionally not collected.
3. Date of Diagnosis is blank

Note: Another edit, "RX Date Hormone, Date Flag (COC)", verifies that the date and flag fields are in agreement.

The logic below takes into account that the RX Summ--Hormone code of 88 was allowed historically to be coded with RX Date Hormone codes of 00000000 and 99999999.

1. If RX Summ--Hormone = 00, 82, or 85-87 (Hormone not given) then RX Date Hormone Flag field must = 11 (no Hormone).
2. If RX Summ--Hormone = 01-03 (Hormone rx given) and RX Date Hormone is blank, then RX Date Hormone Flag field must indicate why the date is blank.
  - If year of Date of Diagnosis is < 2012, then RX Date Hormone Flag may = 10 (unknown if administered) or 12 (administered, but date is unknown).
  - If year of Date of Diagnosis is 2012 or later, then RX Date Hormone Flag must = 12.
3. If RX Summ--Hormone = 88 (recommended, but unknown if given), then RX Date Hormone Flag must indicate the reason.
  - If year of Date of Diagnosis < 2012, then RX Date Hormone Flag may = 10 (unknown if administered), 11 (no Hormone), 12 (administered, but date is unknown), or 15 (planned, not yet given).
  - If year of Date of Diagnosis is 2012 or later, then RX Date Hormone Flag must = 15.
4. If RX Summ--Hormone = 99 (unknown if given), then RX Date Hormone Flag must = 10 (unknown if administered).

**RX Summ--Hormone, RX Date Hormone (COC/MCR)*****Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

**Modifications:****NAACCR v12.2**

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

**NAACCR v13**

- Edit name changed from 'RX Summ--Hormone, RX Date--Hormone (COC)' to 'RX Summ--Hormone, RX Date Hormone (COC)'.

- Data item name changed from "RX Date--Hormone" to "RX Date Hormone".

- Data item name changed from "RX Date--Hormone Flag" to "RX Date Hormone Flag".

**RX Summ--Hormone, RX Date Hormone (COC/MCR)**

Agency: NONE

Last changed: 12/21/2018 14:42:13

*Edit Tag* MA2529

***Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions are true:

1. RX Summ--Hormone is blank
2. Both RX Date Hormone and RX Date Hormone Flag are blank, indicating the date was intentionally not collected.
3. Date of Diagnosis is blank
4. Date of Diagnosis is less than 2006 (MCR modification)

Note: Another edit, "RX Date Hormone, Date Flag (COC)", verifies that the date and flag fields are in agreement.

The logic below takes into account that the RX Summ--Hormone code of 88 was allowed historically to be coded with RX Date Hormone codes of 00000000 and 99999999.

1. If RX Summ--Hormone = 00, 82, or 85-87 (Hormone not given) then RX Date Hormone Flag field must = 11 (no Hormone).
2. If RX Summ--Hormone = 01-03 (Hormone rx given) and RX Date Hormone is blank, then RX Date Hormone Flag field must indicate why the date is blank.
  - If year of Date of Diagnosis is < 2012, then RX Date Hormone Flag may = 10 (unknown if administered) or 12 (administered, but date is unknown).
  - If year of Date of Diagnosis is 2012 or later, then RX Date Hormone Flag must = 12.
3. If RX Summ--Hormone = 88 (recommended, but unknown if given), then RX Date Hormone Flag must indicate the reason.
  - If year of Date of Diagnosis < 2012, then RX Date Hormone Flag may = 10 (unknown if administered), 11 (no Hormone), 12 (administered, but date is unknown), or 15 (planned, not yet given).



**RX Summ--Hormone, RX Text--Hormone (NAACCR/MCR)**

- If year of Date of Diagnosis is 2012 or later, then RX Date Hormone Flag must = 15.

4. If RX Summ--Hormone = 99 (unknown if given), then RX Date Hormone Flag must = 10 (unknown if administered).

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

Modifications:

NAACCR v12.2

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

The MCR modification is to skip pre-2006 diagnoses. Before 2003 diagnoses, this date field covered Hormone and Endocrine surgery/radiation. The COC edit fails pre-2003 cases where we have the date of an endocrine procedure filled but the Hormone modality = 00. We begin editing with 2006 diagnoses because this is when NPCR began requiring Hormone. Between 2003 and 2009 when COC did not require this date, it was not edited by MCR.

NAACCR v13

- Edit name changed from 'RX Summ--Hormone, RX Date--Hormone (COC)' to 'RX Summ--Hormone, RX Date Hormone (COC)'.

- Data item name changed from "RX Date--Hormone" to "RX Date Hormone".

- Data item name changed from "RX Date--Hormone Flag" to "RX Date Hormone Flag".

**RX Summ--Hormone, RX Text--Hormone (NAACCR/MCR)**

Agency: NONE

Last changed: 12/26/2018 13:54:20

*Edit Tag* MA2530

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If RX Summ--Hormone = 01 (hormone treatment administered), RX Text--Hormone must not be blank.

MCR modification: no text required for pre-2001 diagnoses nor non-analytic classes of case

***Administrative Notes***

v16: removed check on Endocrine Procedures; NAACCR edit does not require text for Endocrine Procedures.

v18B: fixed typo in description, had "classes or case"

RX Summ--Hormone, Vital Status (COC)

## RX Summ--Hormone, Vital Status (COC)

Agency: COC

Last changed: 07/08/2003

*Edit Tag* N0643

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

If RX Summ--Hormone = 85 (hormone therapy was not administered because the patient died prior to planned or recommended therapy), then Vital Status cannot = 1 (alive).

## RX Summ--Other (NPCR)

Agency: NPCR

Last changed: 12/09/2011

*Edit Tag* N0825

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

Must be a valid RX Summ--Other code (0-3, 6-9) or blank.

### *Administrative Notes*

This edit differs from the SEER edit of the same name in that it allows the field to be blank because the item was not required by NPCR until 2006. Another edit (RX Summ--Other, Date of DX (NPCR)) verifies that this item is not blank for cancers of the breast, colon, and rectum diagnosed 2006 and later.

Modifications:

NAACCR v12.2

- Corrected portion of Administrative Notes that explains how this edit differs from SEER edit of the same name.

## RX Summ--Other, Date of DX (NPCR)

Agency: NPCR

Last changed: 02/10/2015

*Edit Tag* N0820

### *Edit Sets*

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
|---------------|--------------|-------------|

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1074

10/17/2019 02:45 PM

**RX Summ--Other, RX Date Other (COC)**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if Date of Diagnosis is blank.

This edit requires RX Summ--Other for cases that meet all of the following criteria:

1. Year of Date of Diagnosis is 2006-2014  
AND  
Case is one of the following site/histologies
  - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
  - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
  - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 or later
  - All cases

**Administrative Notes**

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Modified to require RX Summ--Other only for cancers of the breast, colon, and rectum (instead of all sites) diagnosed 2006 and later.

NAACCR v15

- Edit modified to require RX Summ--Other for all cases diagnosed 2015 or later. For cases diagnosed 2006-2014, RX Summ--Other is required only for breast, colon, and rectum cases.

**RX Summ--Other, RX Date Other (COC)**

Agency: COC

Last changed: 02/07/2018 22:11:11

Edit Tag N0193

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if any of the following conditions is true:

1. RX Summ--Other is blank

**RX Summ--Other, RX Text--Other (NAACCR/MCR)**

2. Both RX Date Other and RX Date Other Flag are blank, indicating the date was intentionally not collected.

Note: Another edit, "RX Date Other, Date Flag (COC)", verifies that the date and flag fields are in agreement.

If RX Summ--Other = 0 or 7 (no other treatment), then RX Date Other Flag must = 11 (no other treatment).

2. If RX Summ--Other = 1-3 or 6 (other treatment given), then the RX Date Other Flag field must = 10 (unknown if administered) or 12 (given, but date is unknown).

3. If RX Summ--Other = 8 (recommended):

- If year of Date of Diagnosis < 2015, then RX Date Other Flag may = 10 (unknown if administered), 11 (no other treatment), 12 (given, but date is unknown), or 15 (planned, not yet given).
- If year of Date of Diagnosis is 2015 or later, then RX Date Other Flag must = 15.

4. If RX Summ--Other = 9 (unknown if given), then RX Date Other Flag must = 10.

**Administrative Notes****MODIFICATIONS:****NAACCR v12.0**

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules

**NAACCR v13**

- Edit name changed from 'RX Summ--Other, RX Date--Other (COC)' to 'RX Summ--Other, RX Date Other (COC)'.
- Data item name changed from "RX Date--Other" to "RX Date Other".
- Data item name changed from "RX Date--Other Flag" to "RX Date Other Flag".

**NAACCR v15**

- Edit modified to allow date flag code of 15 when RX Summ--Other = 8; for cases diagnosed 2015+, date flag must = 15 when RX Summ--Other = 8

**RX Summ--Other, RX Text--Other (NAACCR/MCR)**

Agency: NONE

Last changed: 12/21/2018 14:42:47

Edit Tag MA2531

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

If RX Summ--Other = 1-3 or 6 (other treatment administered), RX Text--Other must not be blank.

MCR modification: text not required for non-analytic classes of case nor pre-2001 diagnoses.

## RX Summ--Palliative Proc (NAACCR)

**RX Summ--Palliative Proc (NAACCR)**

Agency: NAACCR

Last changed: 01/14/2010

*Edit Tag* N1245***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This field must contain 0-7, 9, or blank.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

**RX Summ--Scope Reg LN Sur (COC)**

Agency: COC

Last changed: 04/12/2007

*Edit Tag* N0252***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid RX Summ--Scope Reg LN Sur code (0-7, 9).

***Administrative Notes***

This edit differs from the SEER edit of the same name in that it does not allow the field to be blank.

Modifications:

NACR110C

08/21/06

The edit description was modified to explain how the COC version of this edit differs from the SEER edit of the same name.

**RX Summ--Scope Reg LN Sur, Date of DX (NPCR)**

Agency: NPCR

Last changed: 01/18/2010

**RX Summ--Scope Reg LN Sur, Schema ID (NAACCR)***Edit Tag N0729****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 2002, then RX Summ--Scope Reg LN Sur cannot be blank.

***Administrative Notes***

This edit differs from the SEER edit of the same name in that it requires RX Summ--Scope Reg LN Sur for all cases diagnosed on or after 1/1/2003.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**RX Summ--Scope Reg LN Sur, Schema ID (NAACCR)**

Agency: NAACCR

Last changed: 07/30/2019 15:43:45

*Edit Tag N5019****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that RX Summ--Scope Reg LN Sur is coded appropriately by Schema ID and/or Primary Site code.

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis before 2019, blank (unknown), or invalid.
  - b. Schema ID is blank
  - c. RX Summ--Scope Reg LN Sur is blank.
  - d. Primary Site is blank
  - e. Histologic Type ICD-O-3 is blank

2. RX Summ--Scope Reg LN Sur must = 9 for the following Schema IDs:

00721 Brain  
00722 CNS Other  
00723 Intracranial Gland  
00790 Lymphoma, C770-C779 only

**RX Summ--Scope Reg LN Sur, Site, ICDO3 (SEER IF109)**

00795 Lymphoma CLL/SLL, C770-C779 only  
 99999 Ill-Defined Other (excluding C422)  
 Any with Primary Site code = C420, C421, C423, C424, C700-C709,  
 C710-C729, C751-C753, C761-C768, C770-C779, C809

***Administrative Notes***

New edit - NAACCR v18C metafile

**Modifications**

NAACCR v18D

- Schema IDs 00821, 00822, 00830 removed from list of Schemas where RX Summ--Scope Reg LN Sur must = 9

**RX Summ--Scope Reg LN Sur, Site, ICDO3 (SEER IF109)**

Agency: SEER

Last changed: 07/14/2019 14:36:29

Edit Tag N0637

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if RX Summ--Scope Reg LN Sur, Histologic Type ICD-O-3 or Date of Diagnosis is empty. This edit is skipped for diagnosis date > 2018.

RX Summ--Scope Reg LN Sur must = 9 for the following:

1. Primaries of the meninges, brain, spinal cord, cranial nerves, other parts of the central nervous system, and intracranial other endocrine(Primary Site= C700-C729, C751-C753)
2. Hodgkin and non-Hodgkin lymphoma with a lymph node primary site:
  - A. If year of Date of Diagnosis < 2010:  
If Histologic Type ICD-O-3 = 9590-9729 AND Primary Site = C770-C779
  - B. If year of Date of Diagnosis is 2010-2017:  
If Histologic Type ICD-O-3 = [9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948, 9971] AND Primary Site = C770-C779
3. Unknown and ill-defined sites (C760-C768, C809):
  - A. If year of Date of Diagnosis < 2018 Primary site = C760-C768, C809
  - B. If year of Date of Diagnosis = 2018: C761-C768, C809, and Schema ID = 99999 and C760
4. Hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease:

**RX Summ--Scope Reg LN Sur, Site, ICDO3 (SEER IF109)**

For all sites:

A. If year of Date of Diagnosis < 2010:

If Histologic Type ICD-O-3 = [9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989]

B. If year of Date of Diagnosis is 2010-2017:

If Histologic Type ICD-O-3 = [9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992]

If Primary Site = C420, C421, C423, or C424

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF109

Note: The COC version of this edit has been deleted since it, over time, has become equivalent to the SEER version of the edit. Edit sets in this metafile using the COC version have been updated to use the SEER version instead.

**Modifications:**

NACR111

10/23/06

Changed histology grouping for Hodgkin and non-Hodgkin lymphoma from "9590-9699, 9702-9729" to "9590-9729"; that is 9700 and 9701 are now included.

NAACCR v11.3

6/2008

- Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.
- Added intracranial other endocrine (C751, C752, C753) to list of primary sites that require Summ--Scope Reg LN Sur to = 9.

NAACCR v12.0

- Changed list of hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease histologies that are coded 9:

-- For cases diagnosed prior to 2010, codes remain the same.

-- For cases diagnosed 2010+, histology codes:

9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992

- Changed list of lymphoma histologies to be coded 9 when sited to lymph nodes:

-- For cases diagnosed prior to 2010, codes remain the same.

-- For cases diagnosed 2010+, histology codes:

9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948 and 9971

NAACCR v18

- Name changed, parenthesis added at end
- Schema ID 99999 added to check on C760 for Scope = 9
- Edits on histology lists for > 2009 change to > 2009 and <2018
- Failure on invalid date changed to skip



**RX Summ--Surg Oth Reg/Dis (COC)**

NAACCR v18C

- Description, logic modified to pass for diagnosis date &gt; 2018

NAACCR v18D

- Condition 1 not being edited, logic corrected to edit primaries of central nervous system

-

**RX Summ--Surg Oth Reg/Dis (COC)**

Agency: COC

Last changed: 04/12/2007

*Edit Tag* N0254***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid RX Summ--Surg Oth Reg/Dis code (0-5,9).

***Administrative Notes***

This edit differs from the SEER edit of the same name in that it does not allow the field to be blank.

Modifications:

NACR110C

08/21/06

The edit description was modified to explain how the COC version of this edit differs from the SEER edit of the same name.

**RX Summ--Surg Oth Reg/Dis, Date of DX (NPCR)**

Agency: NPCR

Last changed: 01/18/2010

*Edit Tag* N0730***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 2002, then RX Summ--Surg Oth Reg/Dis cannot be blank.

**RX Summ--Surg Prim Site (COC)*****Administrative Notes***

This edit differs from the SEER edit of the same name in that it requires RX Summ--Surg Oth Reg/Dis for all cases diagnosed on or after 1/1/2003.

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**RX Summ--Surg Prim Site (COC)**

Agency: COC

Last changed: 04/12/2007

Edit Tag N0124

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a numeric value (00, 10-90, 98, 99).

***Administrative Notes***

This edit differs from the SEER edit of the same name in that it does not allow the field to be blank.

**RX Summ--Surg Prim Site, Date of DX (NPCR)**

Agency: NPCR

Last changed: 01/18/2010

Edit Tag N0728

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of Diagnosis is blank.

If year of Date of Diagnosis is greater than 2002, then RX Summ--Surg Prim Site cannot be blank.

***Administrative Notes***

This edit differs from the SEER edit of the same name in that it requires RX Summ--Surg Prim Site for all cases diagnosed on or after 1/1/2003.

Modifications:

EditWriter 5

1082

10/17/2019 02:45 PM

**RX Summ--Surg Prim Site, Diag Conf (SEER IF76)**

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**RX Summ--Surg Prim Site, Diag Conf (SEER IF76)**

Agency: SEER

Last changed: 02/25/2011

*Edit Tag* N0303***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if RX Summ--Surg Prim Site is blank.

If the case was previously reviewed and accepted as coded (Over-ride Surg/Dx Conf = 1) no further checking is performed.

For anyone with RX Summ--Surg Prim Site = 20-90 the diagnosis should be histologically confirmed (Diagnostic Confirmation 1-4).

**Additional Information:**

If the patient had a surgical procedure, most likely there was a microscopic examination of the cancer. This edit forces review of cases with a surgical procedure coded in the RX Summ--Surg Prim Site field but not a microscopic confirmation code in Diagnostic Confirmation. Verify the surgery and diagnostic confirmation codes, and correct any errors. Correction of errors may require inspection of the abstracted text, either online or as recorded on a paper abstract. Review of the original medical record may be necessary.

Sometimes there are valid reasons why no microscopic confirmation is achieved with surgery, for example, the tissue removed may be inadequate for evaluation. If upon review, the items are correct as coded, an over-ride flag may be set so that the case will not be considered in error when the edit is run again. Enter a 1 in the field Over-ride Surg/DxConf to indicate that the coding is correct.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF76

**Modifications:**

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.1

- Added code 3 to list of Diagnostic Confirmation codes that indicate histologic confirmation.

RX Summ--Surg Prim Site, Primary Site, ICDO3 (COC)

**RX Summ--Surg Prim Site, Primary Site, ICDO3 (COC)**

Agency: COC

Last changed: 11/20/2018 10:57:17

*Edit Tag* N0596***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Histologic Type ICD-O-3, RX Summ--Surg Prim Site, or Date of Diagnosis is blank. This edit is skipped for year of Date of Diagnosis = 2018 and Histologic Type ICD-O-3 = 9702-9992, or year of Date of Diagnosis > 2018.

The valid RX Summ--Surg Prim Site codes for each Primary Site are specified in Appendix B of the STORE Manual-2018.

Exceptions are as follows:

For all sites:

1. If year of Date of Diagnosis is < 2010 and Histologic Type ICD-O-3 = [9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989], then RX Summ--Surg Prim Site must = 98.

2. If year of Date of Diagnosis is 2010-2017 and Histologic Type ICD-O-3 = [9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992], then RX Summ--Surg Prim Site must = 98.

If Primary Site = C420, C421, C423, or C424, then RX Summ--Surg Prim Site must = 98.

If Primary Site group is All Other Sites (group 30 in the table used for this edit) and RX Summ--Surg Prim Site = 41 (enucleation for eye surgery only), then Primary Site must = C690-C699.

Unknown and ill-defined sites (C760-C768, C809) must also = 98.

***Administrative Notes***

This edit differs from the SEER edit of the same name in that it does not allow a code of 99 for the hematopoietic histologies/sites and the ill-defined sites.

Please note that this edit should not be used on Death Certificate Only cases. It is meant to be used on data collected at a hospital.

**RX Summ--Surg Prim Site, Schema ID, Primary Site (COC)**

At the central registry level, it can be used on incoming abstracts from hospitals. (Hospitals do not collect Death Certificate Only cases.)

**Modifications:****NACR110C:**

9/8/06

Edit updated so that it will be skipped if RX Summ--Surg Prim Site is empty.

**NAACCR v12.0**

- Changed list of hematopoietic histologies that require RX Summ--Surg Prim Site code of 98:

-- For cases diagnosed prior to 2010, codes remain the same.

-- For cases diagnosed 2010+, codes requiring RX Summ--Surg Prim Site code of 98:

9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992

**NAACCR v12.1:**

Added code 76 as allowable surgery code for primary site of breast.

**NAACCR v18**

- Added skip for diagnosis date > 2018 and histologic type ICD-O-3 = 9702-9992

- Failure on invalid date changed to skip

- Reference to FORDS manual in description changed to STORE Manual

**NAACCR v18C**

- Description, logic modified to pass if year of diagnosis > 2018

**RX Summ--Surg Prim Site, Schema ID, Primary Site (COC)**

Agency: COC

Last changed: 06/30/2019 15:26:32

*Edit Tag* N5015

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that RX Summ--Surg Prim Site is coded appropriately by Schema ID and/or Primary Site.

1. This edit is skipped for any of the following:
  - a. Diagnosis date before 2019, blank (unknown), or invalid.
  - b. Schema ID is blank
  - c. Primary Site is blank
  - d. RX Summ--Surg Prim Site is blank
  - e. Type of Reporting Source = 7 (Death Certificate Only)

**RX Summ--Surg/Rad Seq (NPCR)**

1. The valid RX Summ--Surg Prim Site codes for Schema ID and Primary Site are specified in Appendix B of the STORE Manual-2019. The surgery codes are identified by site group codes 01-30 in the EW table SURG03; Schema IDs and Primary Site codes are mapped to the site group codes in the EW table SCHEMASURG19.
2. If Primary Site group is All Other Sites (group 30) and RX Summ--Surg Prim Site = 41 (enucleation for eye surgery only), then Primary Site must = C690-C699 (multiple possible Schema IDs).
3. Surgery codes for the following Schema IDs must = 98:
  - 00060    Cervical Nodes and Unknown Primary
  - 99999    Unknown and Ill-defined (excluding C422, C770-C779)
  - Any with Primary Site C420, C421, C423, and C424
4. Surgery codes for the following Schema IDs may = 98:
  - 00821    Plasma Cell Myeloma
  - 00822    Plasma Cell Disorders
  - 00830    HemeRetic

***Administrative Notes***

New edit - NAACCR v18C metafile

This edit differs from the SEER edit of the same name in that it does not allow a code of 99 for the hematopoietic histologies/sites and the ill-defined sites.

**Modifications**

NAACCR v18D

- Description, logic modified to not require but to allow RX Summ--Surg Prim Site = 98 for Schema IDs 00821, 00822, 00830

**RX Summ--Surg/Rad Seq (NPCR)**

Agency: NPCR

Last changed: 12/12/2011

*Edit Tag* N0815

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**RX Summ--Surg/Rad Seq, Date of DX (NPCR)****Description**

Must be a valid RX Summ--Surg/Rad Seq code (0,2-7,9) or blank.

## Codes

- 0 No radiation and/or no surgery; unknown if surgery and/or radiation given
- 2 Radiation before surgery
- 3 Radiation after surgery
- 4 Radiation both before and after surgery
- 5 Intraoperative radiation
- 6 Intraoperative radiation with other radiation given before and/or after surgery
- 7 Surgery both before and after radiation
- 9 Sequence unknown, but both surgery and radiation were given

**Administrative Notes**

This edit differs from the SEER edit of the same name in that it allows the field to be blank because the item was not required by NPCR until 2006. Another edit (RX Summ--Surg/Rad Seq, Date of DX (NPCR)) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2005.

## Modifications:

NAACCR v12.2

- Added code 7.

**RX Summ--Surg/Rad Seq, Date of DX (NPCR)**

Agency: NPCR

Last changed: 03/30/2016

Edit Tag N2352

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if Date of Diagnosis is blank.

This edit requires RX Summ--Surg/Rad Seq not be blank for

1. Year of Date of Diagnosis is 2006 - 2015 and Case is one of the following site/histologies

A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

2. Year of Date of Diagnosis is 2016 and later, for all cases.

**Administrative Notes**

## Modifications:

**RX Summ--Surgical Margins (NAACCR)**

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Modified to require RX Summ--Surg/Rad Seq only for cancers of the breast, colon, and rectum (instead of all sites) diagnosed 2006 and later.

NAACCR v12.2A

- Edit description corrected to state that RX Summ--Surg/Rad Seq is required for breast, colon, and rectum cases if year of Date of Diagnosis is "2006 or later" instead of "2010 or later".

NAACCR v16

- For cases diagnosed 2016 or later RX Summ--Surg/Rad Seq is required for all cases

**RX Summ--Surgical Margins (NAACCR)**

Agency: NAACCR

Last changed: 01/14/2010

*Edit Tag N1246****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid code for RX Summ--Surgical Margins (0-3,7-9) or blank.

***Administrative Notes***

New edit - added to NAACCR v12.0 metafile.

This edit differs from the COC edit of the same name in that it allows the field to be blank. Registries that want to edit this field only if it is present should choose this version of the edit when building a state-specific edit set.

**RX Summ--Systemic/Sur Seq (COC)**

Agency: COC

Last changed: 12/12/2011

*Edit Tag N0757****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |



**RX Summ--Systemic/Sur Seq, Date of DX (NPCR)****Description**

This field is allowed to be blank because the item is not required until 2006. Another edit (RX Summ--Systemic/Sur Seq, Date of DX) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2005.

Must be a valid RX Summ--Systemic/Sur Seq code (0, 2-7, 9) or blank.

**Codes**

0 No systemic therapy and/or surgical procedures; unknown if surgery and/or systemic therapy given  
 2 Systemic therapy before surgery  
 3 Systemic therapy after surgery  
 4 Systemic therapy both before and after surgery  
 5 Intraoperative systemic therapy  
 6 Intraoperative systemic therapy with other therapy administered before and/or after surgery  
 7 Surgery both before and after systemic therapy  
 9 Sequence unknown, but both surgery and systemic therapy given

**Administrative Notes**

Modifications:

NACR111

09/2006

The name of the data item RX Summ--Systemic Sur Seq was changed to RX Summ--Systemic/Sur Seq.

NAACCR v12.2

- Added code 7.

**RX Summ--Systemic/Sur Seq, Date of DX (NPCR)**

Agency: NPCR

Last changed: 07/19/2016

Edit Tag N1607

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if Date of Diagnosis is blank.

This edit requires RX Summ--Systemic/Sur Seq not be blank for:

1. Year of Date of Diagnosis is 2006-2015 and case is one of the following site/histologies

A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

**RX Summ--Transplnt/Endocr (NPCR)**

C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

2. Year of Date of Diagnosis is 2016 and later, for all cases.

***Administrative Notes***

New edit - added to NAACCR v12.2 metafile.

**Modifications****NAACCR v16**

- For cases diagnosed 2016 or later RX Summ--Systemic/Sur Seq is required for all cases
- Name changed from RX Summ--Systemic/Sur Seq, Date of DX (NPCR) to RX Summ--Systemic/Sur Seq, Date of DX - 2016 (NPCR)

**NAACCR V16A**

- Administrative Note for v16 updated to indicate name changed from RX Summ--Systemic/Sur Seq, Date of DX (NPCR) to RX Summ--Systemic/Sur Seq, Date of DX (NPCR) - 2016
- Name changed from RX Summ--Systemic/Sur Seq, Date of DX (NPCR) - 2016 to RX Summ--Systemic/Sur Seq, Date of DX (NPCR)

**RX Summ--Transplnt/Endocr (NPCR)**

Agency: NPCR

Last changed: 04/12/2007

*Edit Tag* N0835

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This field must contain 00, 10-12, 20, 30, 40, 82, 85-88, 99 or blank.

***Administrative Notes***

This edit differs from the COC edit of the same name in that it allows the field to be blank because the item was not required by NPCR until 2006. Another edit (RX Summ--Transplnt/Endocr, Date of DX (NPCR)) verifies that this item is not blank if the year of Date of Diagnosis is greater than 2005 and not equal 9999.

**RX Summ--Transplnt/Endocr, Date of DX (NPCR)**

Agency: NPCR

Last changed: 02/10/2015

*Edit Tag* N0836

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

**RX Summ--Transplnt/Endocr, Primary Site (SEER IF28)**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

**Description**

This edit is skipped if Date of Diagnosis is blank.

This edit requires RX Summ--Transplnt/Endocr for cases that meet all of the following criteria:

1. Year of Date of Diagnosis is 2006-2014

AND

Case is one of the following site/histologies

- A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
- B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
- C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)

2. Year of Date of Diagnosis is 2015 or later

- All cases

**Administrative Notes**

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v12.2

- Modified to require RX Summ--Transplnt/Endocr only for cancers of the breast, colon, and rectum (instead of all sites) diagnosed 2006 and later.

NAACCR v15

- Edit modified to require RX Summ--Transplnt/Endocr for all cases diagnosed 2015 or later. For cases diagnosed 2006-2014, RX Summ--Transplnt/Endocr is required only for breast, colon, and rectum cases.

**RX Summ--Transplnt/Endocr, Primary Site (SEER IF28)**

Agency: SEER

Last changed: 04/09/2018 20:47:39

Edit Tag N0597

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped under the following conditions:

1. Year of Date of Diagnosis is less than 2000 and Registry ID is equal to 0000001544 (New Jersey)
2. Year of Date of Diagnosis is blank

**RX Summ--Transplnt/Endocr, Vital Status (COC)**

Endocrine surgery and/or endocrine radiation are only reported for prostate and breast. If Primary Site is not breast (C500-C509) or prostate (C619), then RX Summ--Transplnt/Endocr may not be coded '30' or 40.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF128

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v16A

- Description and logic updated to skip if Registry ID is 0000001544 (New Jersey) and Year of Diagnosis less than 2000, or Year of Diagnosis is blank.

NAACCR v18

- Name changed, parenthesis added at end

**RX Summ--Transplnt/Endocr, Vital Status (COC)**

Agency: COC

Last changed: 07/08/2003

*Edit Tag* N0644

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If RX Summ--Transplnt/Endocr = 85 (hematologic transplant and/or endocrine surgery/radiation was not administered because the patient died prior to planned or recommended therapy), then Vital Status cannot = 1 (alive).

**RX Summ--Treatm Stat, Date 1st Crs RX COC Flag (MCR/COC)**

Agency: NONE

Last changed: 10/16/2019 12:28:55

*Edit Tag* MA1461

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**RX Summ--Treatment Stat, Date 1st Crs RX COC Flag (MCR/COC)****Description**

The purpose of this edit is to verify that RX Summ--Treatment Status and Date 1st Crs RX COC/Date 1st Crs RX COC Flag are coded consistently. The edit also checks that these fields are consistent for autopsy only cases (Class of Case = 38).

Note: Because there are other edits that check consistency between Date 1st Crs RX COC and its corresponding flag, this edit only needs to check the date flag field.

This edit is skipped under the following conditions:

1. RX Summ--Treatment Status is blank
2. Class of Case is blank
3. Both Date 1st Crs RX COC and Date 1st Crs RX COC Flag are blank, indicating the date was intentionally not collected.
4. Date of Diagnosis is after 2018, empty or invalid.

If RX Summ--Treatment Status = 9 (unknown if treatment given),  
THEN

1. Date 1st Crs RX COC Flag must = blank (a valid Date 1st Crs RX COC was provided) or 10 (unknown whether treatment was administered)
2. Class of Case must NOT = 38 (autopsy only)

If RX Summ--Treatment Status = 1 (treatment given) or 2 (active surveillance),  
THEN

1. Date 1st Crs RX COC Flag must = blank (a valid Date 1st Crs RX COC was provided) or 12 (treatment administered, but date is unknown)
2. Class of Case must NOT = 38 (autopsy only)

For all RX Summ--Treatment Status codes:

1. If Class of Case = 38 (autopsy only)  
THEN  
Date 1st Crs RX COC Flag must = 11 (autopsy only case)
2. If Class of Case NOT = 38 (autopsy)  
THEN  
Date 1st Crs RX COC Flag must = blank, 10, or 12

Note: CoC requires Date 1st Crs RX COC to represent the date treatment began, the date active surveillance was selected, or the date on which a decision was made not to treat the cancer. CoC does not require a date, and uses the flag = 11, only for autopsy-only cases. For cases that are not autopsy-only, if no treatment was given and the date of that decision is totally unknown, the applicable date flag is 12. When treatment status is unknown and the date is unknown, then a flag of 10 applies.

**Administrative Notes**

New edit - added to NAACCR v12.1 metafile.

**RX Summ--Treatment Stat, Treatment (COC)****Modifications:****NAACCR v12.1A**

- Note added to description:

Note: If RX Summ--Treatment Status is 0 (no treatment given) and the Date of 1st Crs RX-COC is blank, the date flag should indicate why the date of the decision not to treat is not recorded in the Date of 1st Crs RX-COC field.

**NAACCR v12.2**

- Removed logic that checked for RX Summ--Treatment Status of 0 (no treatment given) when requiring Date of 1st Crs Flag to equal 11 (autopsy) for Class of Case of 38 (autopsy only) and blank, 10, or 12 for non-autopsy only cases.

**NAACCR v13**

- Edit name changed from 'RX Summ--Treatment Stat, Date of 1st Crs RX--COC(COC)' to 'RX Summ--Treatment Stat, Date 1st Crs RX COC (COC)'.  
 - Data item name changed from 'Date of 1st Crs RX--COC' to 'Date 1st Crs RX COC'.  
 - Data item name changed from 'Date of 1st Crs RX Flag' to 'Date 1st Crs RX COC Flag'.

**NAACCR v15**

- Updated Note in description to clarify the meaning of the date flag codes.

18D: MCR modification stops the edit running for 2019+ diagnoses. (MCR stopped collecting the COC treatment date field as of 2019.) Added date flag reference to the edit name.

**RX Summ--Treatment Stat, Treatment (COC)**

Agency: COC

Last changed: 06/15/2019 17:48:58

Edit Tag N1601

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The purpose of this edit is to verify that RX Summ--Treatment Status and treatment fields are coded consistently.

This edit is skipped under the following conditions:

- RX Summ--Treatment Status is blank
- Date of Diagnosis is blank (unknown) or invalid

**RX Summ--Treatment Stat, Treatment (COC)**

1. If any of the treatment fields indicate treatment given, then RX Summ--Treatment Status must equal 1 (treatment given). Treatment is considered "given" if any of the following is true:

```
RX Summ--Surg Prim Site = 10-90
RX Summ--Surg Oth Reg/Dis = 1-5
RX Summ--BRM = 01
RX Summ--Chemo = 01-03
RX Summ--Hormone = 01
RX Summ--Transplnt/Endocr = 10-40
RX Summ--Other = 1, 2, 3, 6
Reason for No Radiation = 0
```

2. If Treatment Status = 1 (treatment given), at least one of the following fields must equal treatment given. Treatment is considered "given" if any of the following is true:

```
RX Summ--Surg Prim Site = 10-90
RX Summ--Scope Reg LN Sur = 1-7
RX Summ--Surg Oth Reg/Dis = 1-5
RX Summ--BRM = 01
RX Summ--Chemo = 01-03
RX Summ--Hormone = 01
RX Summ--Transplnt/Endocr = 10-40
RX Summ--Other = 1, 2, 3, 6
Reason for No Radiation = 0
```

3. If RX Summ--Treatment Status = 0 (no treatment) or 2 (active surveillance), then the

treatment fields must all indicate "no treatment".

Treatment is considered "not given" if all of the following conditions are true:

```
RX Summ--Surg Prim Site = 00, 98
RX Summ--Surg Oth Reg/Dis = 0
RX Summ--BRM = 00, 80-88
RX Summ--Chemo = 00, 80-88
RX Summ--Hormone = 00, 80-88
RX Summ--Transplnt/Endocr = 00, 80-88
RX Summ--Other = 0, 7-8
if diagnosis date < 2018 and Phase I Radiation Primary Treatment Volume is blank,
  Rad--Regional RX Modality = 00
if diagnosis date 2018+, Phase I Radiation Primary Treatment Volume = 00
```

4. If RX Summ--Treatment Status = 9 (unknown if any treatment), then at least one of the

treatment fields must indicate "unknown if treatment" (codes 9 and 99 below) and the remaining

should indicate either "unknown if treatment" or "no treatment".

```
RX Summ--Surg Prim Site = 00, 98, 99
RX Summ--Surg Oth Reg/Dis = 0, 9
RX Summ--BRM = 00, 80-88, 99
RX Summ--Chemo = 00, 80-88, 99
RX Summ--Hormone = 00, 80-88, 99
RX Summ--Transplnt/Endocr = 00, 80-88, 99
RX Summ--Other = 0, 7-8, 9
if diagnosis date < 2018 and Phase I Radiation Primary Treatment Volume is blank,
  Rad--Regional RX Modality = 00, 99
```

**RX Summ--Treatment Status (COC)**

if diagnosis date 2018+, Phase I Radiation Primary Treatment Volume = 00, 99

***Administrative Notes***

New edit - added to NAACCR v12.2 metafile.

This edit differs from the NAACCR edit of the same name in checking on Phase I Radiation Primary Treatment Modality

for radiation treatment for diagnosis date 2018+.

**Modifications:****NAACCR v12.2B**

- Removed problem logic that references Date of 1st Crs RX--COC and its corresponding date flag. (These fields are correctly edited

in

the edit "RX Summ--Treatment Stat, Date of 1st Crs RX--COC(COC)".)

**NAACCR v18**

- Edit modified to check on Phase I Radiation Primary Treatment Volume

**NAACCR v18C**

- v18 Administrative note changed, "Edit modified to check on Phase I Radiation Treatment Modality" to "Edit modified to check on

Phase I Radiation Primary Treatment Volume"

- Description, logic updated, for conditions 2 and 3, if diagnosis date is pre-2018 and Phase I Radiation Primary Treatment Volume is

blank, then Rad--Regional RX Modality is checked. If diagnosis date is 2018+, Phase I Radiation Primary Treatment Volume is

checked.

- Description, logic updated to skip if blank or invalid diagnosis year.

**NAACCR v18D**

- Description, logic added, If RX Summ--Treatment Status = 1, at least one of the treatment fields must indicate treatment given,

including codes 1-7 for RX Summ--Scope Reg LN Sur

**RX Summ--Treatment Status (COC)**

Agency: COC

Last changed: 10/05/2011

*Edit Tag* N0985



**RX Summ--Treatment Status, Date of DX (NPCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid RX Summ--Treatment Status code (0-2, 9) or blank.

Codes

- 0 No treatment given
- 1 Treatment given
- 2 Active surveillance (watchful waiting)
- 9 Unknown if treatment was given

***Administrative Notes***

New edit - added to NAACCR v12 metafile.

Modifications:

NAACCR v12.2

- Updated edit description

**RX Summ--Treatment Status, Date of DX (NPCR)**

Agency: NPCR

Last changed: 02/10/2015

*Edit Tag* N1608

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If year of Date of Diagnosis is blank, this edit is skipped.

RX Summ--Treatment Status cannot be blank for cases that meet the following criteria:

1. Year of Date of Diagnosis is 2010-2014  
AND  
Case is one of the following site/histologies
  - A. Breast (Primary Site = C500-C509 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
  - B. Colon (Primary Site = C180-C189 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
  - C. Rectum (Primary Site = C199 or C209 and Histologic Type ICD-O-3 = 8000-9044, 9060-9136, or 9141-9582)
2. Year of Date of Diagnosis is 2015 or later  
- All cases

**S Category Clinical, Date DX (NAACCR)*****Administrative Notes***

New edit - added to NAACCR v12.2 metafile.

This edit differs from the COC, "RX Summ--Treatment Status, Date of DX (COC)" in that NPCR requires RX Summ--Treatment Status only for cancers of the breast, colon, and rectum diagnosed 2010-2014 and for all cases diagnosed 2015 and later, while the COC edit requires RX Summ--Treatment Status for all cases diagnosed 2010 or later.

Modifications:

NAACCR v15

- Edit modified to require RX Summ--Treatment Status for all cases diagnosed 2015 or later. For cases diagnosed 2010-2014, RX Summ--Treatment Status is required only for breast, colon, and rectum cases.

**S Category Clinical, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2738

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid S Category Clinical code or blank:

- 0: S0: Marker study levels within normal levels
- 1: S1: At least one of these values is elevated AND
  - LDH less than 1.5 x N\* AND
  - hCG (mIU/L) less than 5,000 AND
  - AFP (ng/mL) less than 1,000
- 2: S2: LDH 1.5 x N\* to 10 x N\* OR
  - hCG (mIU/L) 5,000 to 50,000 OR
  - AFP (ng/mL) 1,000 to 10,000
- 3: S3: Only one elevated test is needed
  - LDH greater than 10 x N\* OR
  - hCG (mIU/mL) greater than 50,000 OR
  - AFP (ng/mL) greater than 10,000
- 9: SX: Not documented in medical record
  - S Category Clinical not assessed or unknown if assessed

Another edit, S Category Clinical, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

**S Category Clinical, Schema ID, Required (MCR/NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**S Category Clinical, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/09/2019 16:03:57

*Edit Tag* MA2928***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that S Category Clinical is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00590: Testis

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR version is to require the field 2019+ instead of 2018+.

S Category Pathological, Date DX (NAACCR)

**S Category Pathological, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2739***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid S Category Pathological code or blank:

- 0: S0: Marker study levels within normal levels
- 1: S1: At least one of these values is elevated AND
  - LDH less than 1.5 x N\* AND
  - hCG (mIU/L) less than 5,000 AND
  - AFP (ng/mL) less than 1,000
- 2: S2: LDH 1.5 x N\* to 10 x N\* OR
  - hCG (mIU/L) 5,000 to 50,000 OR
  - AFP (ng/mL) 1,000 to 10,000
- 3: S3: Only one elevated test is needed
  - LDH greater than 10 x N\* OR
  - hCG (mIU/mL) greater than 50,000 OR
  - AFP (ng/mL) greater than 10,000
- 9: SX: Not documented in medical record
  - S Category Pathological not assessed or unknown if assessed

Another edit, S Category Pathological, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

***Administrative Notes***

New edit - NAACCR v18 metafile

S Category Pathological, Schema ID, Required (MCR/NAACCR)

## S Category Pathological, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/09/2019 16:01:11

*Edit Tag* MA2929

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that S Category Pathological is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00590: Testis

### *Administrative Notes*

New edit - NAACCR v18 metafile

18C: MCR version is to require the field 2019+ instead of 2018+.

## Sarcomatoid Features, Date DX (NAACCR)

Agency: NAACCR

Last changed: 07/17/2018 21:49:22

*Edit Tag* N2930

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

**Sarcomatoid Features, Schema ID, Required (MCR/NAACCR)**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Sarcomatoid Features code or blank:

000: Sarcomatoid features not present/not identified  
 001-100: Sarcomatoid features 1-100%  
 R01: Sarcomatoid features stated as less than 10%  
 R02: Sarcomatoid features stated as range 10%-30% present  
 R03: Sarcomatoid features stated as a range 31% to 50% present  
 R04: Sarcomatoid features stated as a range 51% to 80% present  
 R05: Sarcomatoid features stated as greater than 80%  
 XX6: Sarcomatoid features present, percentage unknown  
 XX7: Not applicable: Not a renal cell carcinoma morphology  
 XX8: Not applicable: Information not collected for this case  
 XX9: Not documented in medical record  
     Sarcomatoid features not assessed or unknown if assessed  
     No surgical resection of primary site is performed

3. Numeric values must be right-justified and zero-filled

Another edit, Sarcomatoid Features, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

**Administrative Notes**

New edit - NAACCR v18 metafile

**Sarcomatoid Features, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/09/2019 15:48:33

Edit Tag MA2931

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Schema Discriminator 1, Date DX (NAACCR)****Description**

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Sarcomatoid Features is not "XX8" (not applicable) or blank for the  
Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00600: Kidney Parenchyma

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to require the field 2019+ instead of 2018+; changed the description to refer to both blank and 'not applicable' situations.

**Schema Discriminator 1, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:22:45

Edit Tag N2760

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if date of diagnosis is blank (unknown) or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Schema Discriminator 1 code

0  
1  
2  
3  
4  
5

**Schema Discriminator 2, Date DX (NAACCR)**

6  
7  
9  
blank

Other edits for Schema Discriminator 1 check for appropriate codes by Schema ID and AJCC ID. This data item is used in determining Schema IDs and AJCC IDs and is required by all standard setters.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Schema Discriminator 2, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:27:05

*Edit Tag* N3006

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if date of diagnosis is blank (unknown) or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Schema Discriminator 2 code

1  
2  
9  
blank

Other edits for Schema Discriminator 2 check for appropriate codes by Schema ID and AJCC ID. This data item is used to determine Schema IDs and AJCC IDs and is required by all standard setters.



**Schema ID, EOD Mets (SEER)*****Administrative Notes***

New edit - NAACCR v18 metafile

**Schema ID, EOD Mets (SEER)**

Agency: SEER

Last changed: 03/23/2019 14:39:49

*Edit Tag* N2970***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks the values for EOD Mets by Schema ID.

This edit is skipped for any of the following conditions:

1. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid.
2. Schema ID is blank
3. EOD Mets is blank

The following list shows the Schema ID, Schema name, and values for EOD Mets. The sites and histologies for each schema are listed in the edit \_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR).

00060           Cervical Lymph Nodes and Unknown Primary

EOD Mets: 00, 10, 70, 99

00071           Lip

EOD Mets: 00, 10, 70, 99

00072           Tongue Anterior

EOD Mets: 00, 10, 70, 99

00073           Gum

EOD Mets: 00, 10, 70, 99

00074           Floor of Mouth

**Schema ID, EOD Mets (SEER)**

EOD Mets: 00, 10, 70, 99

00075 Palate Hard

EOD Mets: 00, 10, 70, 99

00076 Buccal Mucosa

EOD Mets: 00, 10, 70, 99

00077 Mouth Other

EOD Mets: 00, 10, 70, 99

00080 Major Salivary Glands

EOD Mets: 00, 10, 70, 99

00090 Nasopharynx

EOD Mets: 00, 10, 70, 99

00100 Oropharynx HPV-Mediated (p16+)

EOD Mets: 00, 10, 70, 99

00111 Oropharynx (p16-)

EOD Mets: 00, 10, 70, 99

00112 Hypopharynx

EOD Mets: 00, 10, 70, 99

00118 Pharynx Other

EOD Mets: 00, 10, 70, 99

00119 Middle Ear

EOD Mets: 00, 10, 70, 99

00121 Maxillary Sinus

EOD Mets: 00, 10, 70, 99

**Schema ID, EOD Mets (SEER)**

00122 Nasal Cavity and Ethmoid Sinus

EOD Mets: 00, 10, 70, 99

00128 Sinus Other

EOD Mets: 00, 10, 70, 99

00130 Larynx Other

EOD Mets: 00, 10, 70, 99

00131 Larynx Supraglottic

EOD Mets: 00, 10, 70, 99

00132 Larynx Glottic

EOD Mets: 00, 10, 70, 99

00133 Larynx Subglottic

EOD Mets: 00, 10, 70, 99

00140 Melanoma Head and Neck

EOD Mets: 00, 10, 70, 99

00150 Cutaneous Carcinoma Head and Neck

EOD Mets: 00, 10, 70, 99

00161 Esophagus (incl GE Junction) (incl Squamous)

EOD Mets: 00, 10, 70, 99

00169 Esophagus (incl GE Junction) (excl Squamous)

EOD Mets: 00, 10, 70, 99

00170 Stomach

EOD Mets: 00, 10, 70, 99

00180 Small Intestine

**Schema ID, EOD Mets (SEER)**

EOD Mets: 00, 10, 70, 99

00190 Appendix

EOD Mets: 00, 10, 30, 50, 70, 99

00200 Colon and Rectum

EOD Mets: 00, 10, 20, 30, 40, 50, 70, 99

00210 Anus

EOD Mets: 00, 10, 70, 99

00220 Liver

EOD Mets: 00, 10, 70, 99

00230 Bile Ducts Intrahepatic

EOD Mets: 00, 10, 50, 70, 99

00241 Gallbladder

EOD Mets: 00, 10, 70, 99

00242 Cystic Duct

EOD Mets: 00, 10, 70, 99

00250 Bile Ducts Perihilar

EOD Mets: 00, 10, 70, 99

00260 Bile Ducts Distal

EOD Mets: 00, 10, 70, 99

00270 Ampulla Vater

EOD Mets: 00, 10, 70, 99

00278 Biliary Other

EOD Mets: 00, 10, 70, 99

**Schema ID, EOD Mets (SEER)**

00280           Pancreas

EOD Mets: 00, 10, 20, 70, 99

00288           Digestive Other

EOD Mets: 00, 10, 70, 99

00290           NET Stomach

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00301           NET Duodenum

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00302           NET Ampulla of Vater

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00310           NET Jejunum and Ileum

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00320           NET Appendix

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00330           NET Colon and Rectum

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00340           NET Pancreas

EOD Mets: 00, 10, 20, 40, 50, 60, 70, 99

00350           Thymus

EOD Mets: 00, 10, 30, 50, 70, 99

00358           Trachea

EOD Mets: 00, 10, 70, 99

00360           Lung

**Schema ID, EOD Mets (SEER)**

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00370           Pleural Mesothelioma

EOD Mets: 00, 10, 70, 99

00378           Respiratory Other

EOD Mets: 00, 10, 70, 99

00381           Bone Appendicular Skeleton

EOD Mets: 00, 10, 30, 50, 70, 99

00382           Bone Spine

EOD Mets: 00, 10, 30, 50, 70, 99

00383           Bone Pelvis

EOD Mets: 00, 10, 30, 50, 70, 99

00400           Soft Tissue Head and Neck

EOD Mets: 00, 10, 70, 99

00410           Soft Tissue Trunk and Extremities

EOD Mets: 00, 10, 70, 99

00421           Soft Tissue Abdomen and Thorax

EOD Mets: 00, 10, 70, 99

00422           Soft Tissue Heart, Mediastinum, Pleura

EOD Mets: 00, 10, 70, 99

00430           GIST

EOD Mets: 00, 10, 70, 99

00440           Soft Tissue Retroperitoneum

EOD Mets: 00, 10, 70, 99

**Schema ID, EOD Mets (SEER)**

00450          Soft Tissue Other

EOD Mets: 00, 10, 70, 99

00458          Kaposi Sarcoma

EOD Mets: 88

00460          Merkel Cell Skin

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00470          Melanoma Skin

EOD Mets: 00, 10, 20, 30, 50, 60, 70, 99

00478          Skin Other

EOD Mets: 00, 10, 70, 99

00480          Breast

EOD Mets: 00, 05, 10, 70, 99

00500          Vulva

EOD Mets: 00, 10, 70, 99

00510          Vagina

EOD Mets: 00, 10, 70, 99

00520          Cervix

EOD Mets: 00, 10, 70, 99

00530          Corpus Carcinoma and Carcinosarcoma

EOD Mets: 00, 10, 70, 99

00541          Corpus Sarcoma

EOD Mets: 00, 10, 70, 99

00542          Corpus Adenosarcoma

**Schema ID, EOD Mets (SEER)**

EOD Mets: 00, 10, 70, 99

00551           Ovary

EOD Mets: 00, 10, 30, 50, 70, 99

00552           Primary Peritoneal Carcinoma

EOD Mets: 00, 10, 30, 50, 70, 99

00553           Fallopian Tube

EOD Mets: 00, 10, 30, 50, 70, 99

00558           Adnexa Uterine Other

EOD Mets: 00, 10, 70, 99

00559           Genital Female Other

EOD Mets: 00, 10, 70, 99

00560           Placenta

EOD Mets: 00, 10, 30, 50, 70, 99

00570           Penis

EOD Mets: 00, 10, 70, 99

00580           Prostate

EOD Mets: 00, 10, 30, 50, 70, 99

00590           Testis

EOD Mets: 00, 10, 30, 50, 60, 70, 99

00598           Genital Male Other

EOD Mets: 00, 10, 70, 99



**Schema ID, EOD Mets (SEER)**

00600 KidneyParenchyma

EOD Mets: 00, 10, 70, 99

00610 Kidney Renal Pelvis

EOD Mets: 00, 10, 70, 99

00620 Bladder

EOD Mets: 00, 10, 70, 99

00631 Urethra

EOD Mets: 00, 10, 70, 99

00633 Urethra-Prostatic

EOD Mets: 00, 10, 70, 99

00638 Urinary Other

EOD Mets: 00, 10, 70, 99

00640 Skin Eyelid

EOD Mets: 00, 10, 70, 99

00650 Conjunctiva

EOD Mets: 00, 10, 70, 99

00660 Melanoma Conjunctiva

EOD Mets: 00, 10, 70, 99

00671 Melanoma Iris

EOD Mets: 00, 10, 30, 50, 70, 99

00672 Melanoma Choroid and Ciliary Body

EOD Mets: 00, 10, 30, 50, 70, 99

00680 Retinoblastoma

EOD Mets: 00, 10, 30, 50, 70, 99

**Schema ID, EOD Mets (SEER)**

00690 Lacrimal Gland

EOD Mets: 00, 10, 70, 99

00698 Lacrimal Sac

EOD Mets: 00, 10, 70, 99

00700 Orbital Sarcoma

EOD Mets: 00, 10, 70, 99

00710 Lymphoma Ocular Adnexa

EOD Mets: 00, 10, 30, 50, 70, 99

00718 Eye Other

EOD Mets: 00, 10, 70, 99

00721 Brain

EOD Mets: 00, 10, 70, 99

00722 CNS Other

EOD Mets: 00, 10, 70, 99

00723 Intracranial Gland

EOD Mets: 00, 10, 70, 99

00730 Thyroid

EOD Mets: 00, 10, 70, 99

00740 Thyroid Medullary

EOD Mets: 00, 10, 70, 99

00750 Parathyroid

EOD Mets: 00, 10, 70, 99

00760 Adrenal Gland

**Schema ID, EOD Mets (SEER)**

Mets: 00, 10, 70, 99

00770           NET Adrenal

EOD Mets: 00, 10, 20, 30, 50, 70, 99

00778           Endocrine Other

EOD Mets: 00, 10, 70, 99

00790           Lymphoma (excluding CLL/SLL)

EOD Mets: 88

00795           Lymphoma (CLL/SLL)

EOD Mets: 88

00811           Mycosis Fungoides

EOD Mets: 00, 10, 70, 99

00812           Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)

EOD Mets: 00, 10, 70, 99

00821           Plasma Cell Myeloma

EOD Mets: 88

00822           Plasma Cell Disorder

EOD Mets: 88

00830           HemeRetic

EOD Mets: 88

99999           Ill-Defined Other/Ill-Defined Other

EOD Mets: 88

***Administrative Notes***

New edit - NAACCR v18 metafile.

**Schema ID, EOD Primary Tumor (SEER)**

## Modifications

NAACCR v18C metafile

- Description updated, Schema ID 00632, Prostatic Urethra, changed to 00633

**Schema ID, EOD Primary Tumor (SEER)**

Agency: SEER

Last changed: 07/17/2019 21:28:45

*Edit Tag* N2968***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks the values for EOD Primary Tumor by Schema ID.

This edit is skipped for any of the following conditions:

1. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
2. Schema ID is blank
3. EOD Primary Tumor is blank

The following list shows the Schema ID, Schema name, and values of EOD--Primary Tumor by Schema ID. The sites and histologies for each schema are listed in the edit \_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR).

00060           Cervical Lymph Nodes and Unknown Primary

EOD Primary Tumor: 800

00071           Lip

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 550, 600, 650, 700, 999

00072           Tongue Anterior

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 600, 650, 700, 999

00073           Gum

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 600, 650, 700, 999

00074           Floor of Mouth

**Schema ID, EOD Primary Tumor (SEER)**

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 550, 600, 650, 700, 999

00075 Palate Hard

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 600, 700, 750, 999

00076 Buccal Mucosa

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 600, 700, 999

00077 Mouth Other

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 600, 700, 999

00080 Major Salivary Glands

EOD Primary Tumor: 000, 100, 200, 300, 350, 400, 500, 600, 700, 800, 999

00090 Nasopharynx

EOD Primary Tumor: 000, 100, 200, 300, 500, 700, 800, 999

00100 Oropharynx HPV-Mediated (p16+)

EOD Primary Tumor: 000, 100, 200, 300, 400, 600, 700, 800, 999

00111 Oropharynx (p16-)

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 550, 600, 700, 999

00112 Hypopharynx

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 600, 700, 800, 999

00118 Pharynx Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00119 Middle Ear

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00121 Maxillary Sinus

EOD Primary Tumor: 000, 100, 200, 300, 400, 600, 700, 800, 999

**Schema ID, EOD Primary Tumor (SEER)**

00122 Nasal Cavity and Ethmoid Sinus

EOD Primary Tumor: 000, 100, 150, 175, 200, 300, 400, 500, 550, 600, 700,  
800, 999

00128 Sinus Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00130 Larynx Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00131 Larynx Supraglottic

EOD Primary Tumor: 000, 100, 200, 250, 300, 400, 450, 500, 600, 700, 999

00132 Larynx Glottic

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 400, 500, 600, 700, 999

00133 Larynx Subglottic

EOD Primary Tumor: 000, 100, 200, 400, 500, 600, 700, 999

00140 Melanoma Head and Neck

EOD Primary Tumor: 000, 100, 300, 500, 600, 700, 999

00150 Cutaneous Carcinoma Head and Neck

EOD Primary Tumor: 000, 100, 300, 400, 500, 600, 700, 999

00161 Esophagus (incl GE Junction) (incl Squamous)

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 350, 400, 500, 600, 700,  
800, 999

00169 Esophagus (incl GE Junction) (excl Squamous)

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 350, 400, 500, 600, 700,  
800, 999

00170 Stomach

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 600, 650, 700, 750, 800, 999

00180 Small Intestine

**Schema ID, EOD Primary Tumor (SEER)**

EOD Primary Tumor: 000, 100, 200, 250, 300, 400, 500, 600, 700, 800, 999

00190 Appendix

EOD Primary Tumor: 000, 050, 070, 100, 200, 300, 400, 500, 600, 700, 750,  
800, 999

00200 Colon and Rectum

EOD Primary Tumor: 000, 050, 100, 200, 300, 400, 500, 600, 700, 800, 999

00210 Anus

EOD Primary Tumor: 000, 100, 200, 600, 700, 800, 999

00220 Liver

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 600, 700, 800, 999

00230 Bile Ducts Intrahepatic

EOD Primary Tumor: 000, 100, 200, 300, 500, 600, 700, 800, 999

00241 Gallbladder

EOD Primary Tumor: 000, 100, 200, 300, 400, 450, 500, 550, 600, 700, 800, 999

00242 Cystic Duct

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 400, 450, 500, 550, 600,  
650, 700, 800, 999

00250 Bile Ducts Perihilar

EOD Primary Tumor: 000, 100, 200, 250, 300, 400, 500, 600, 700, 800, 999

00260 Bile Ducts Distal

EOD Primary Tumor: 000, 100, 200, 600, 700, 800, 999

00270 Ampulla of Vater

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700, 800, 999

00278 Biliary Other

**Schema ID, EOD Primary Tumor (SEER)**

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00280           Pancreas

EOD Primary Tumor: 000, 100, 500, 600, 700, 800, 999

00288           Digestive Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00290           NET Stomach

EOD Primary Tumor: 000, 100, 200, 400, 500, 600, 700, 800, 999

00301           NET Duodenum

EOD Primary Tumor: 000, 100, 200, 300, 400, 600, 700, 800, 999

00302           NET Ampulla of Vater

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 600, 700, 800, 999

00310           NET Jejunum and Ileum

EOD Primary Tumor: 000, 100, 200, 300, 500, 600, 700, 800, 999

00320           NET Appendix

EOD Primary Tumor: 000, 100, 200, 300, 700, 800, 999

00330           NET Colon and Rectum

EOD Primary Tumor: 000, 100, 200, 300, 400, 600, 700, 800, 999

00340           NET Pancreas

EOD Primary Tumor: 000, 100, 200, 300, 500, 600, 700, 800, 999

00350           Thymus

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 700, 800, 999

00358           Trachea

EOD Primary Tumor: 000, 100, 200, 700, 800, 999



**Schema ID, EOD Primary Tumor (SEER)**

00360 Lung

EOD Primary Tumor: 000, 100, 200, 300, 400, 450, 500, 600, 650, 675, 700, 800,  
980, 999

00370 Pleural Mesothelioma

EOD Primary Tumor: 100, 300, 500, 600, 700, 800, 999

00378 Respiratory Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00381 Bone Appendicular Skeleton

EOD Primary Tumor: 100, 200, 300, 500, 800, 999

00382 Bone Spine

EOD Primary Tumor: 100, 200, 300, 400, 450, 500, 600, 650, 700, 800, 999

00383 Bone Pelvis

EOD Primary Tumor: 100, 200, 300, 400, 500, 550, 600, 650, 700, 750, 800, 999

00400 Soft Tissue Head and Neck

EOD Primary Tumor: 100, 200, 500, 600, 700, 800, 999

00410 Soft Tissue Trunk and Extremities

EOD Primary Tumor: 100, 200, 700, 800, 999

00421 Soft Tissue Abdomen and Thorax

EOD Primary Tumor: 100, 200, 300, 400, 500, 550, 600, 650, 700, 750, 800, 999

00422 Soft Tissue Heart, Mediastinum, Pleura

EOD Primary Tumor: 100, 200, 300, 400, 500, 550, 600, 650, 700, 750, 800, 999

00430 GIST

EOD Primary Tumor: 000, 100, 400, 700, 800, 999

00440 Soft Tissue Retroperitoneum

**Schema ID, EOD Primary Tumor (SEER)**

EOD Primary Tumor: 100, 200, 700, 800, 999

00450           Soft Tissue Other

EOD Primary Tumor: 100, 200, 700, 800, 999

00458           Kaposi Sarcoma

EOD Primary Tumor: 100, 200, 300, 600, 700, 800, 999

00460           Merkel Cell Skin

EOD Primary Tumor: 000, 100, 400, 700, 800, 999

00470           Melanoma Skin

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 700, 800, 999

00478           Skin Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00480           Breast

EOD Primary Tumor: 000, 050, 070, 100, 200, 300, 400, 450, 500, 600, 700,  
800, 999

00500           Vulva

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 400, 500, 600, 700, 800, 999

00510           Vagina

EOD Primary Tumor: 000, 100, 300, 400, 500, 600, 700, 800, 999

00520           Cervix

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550,  
600, 700, 750, 800, 999

00530           Corpus Carcinoma and Carcinosarcoma

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 400, 500, 550,  
600, 650, 700, 750, 800, 999

00541           Corpus Sarcoma

**Schema ID, EOD Primary Tumor (SEER)**

EOD Primary Tumor: 100, 200, 400, 450, 500, 550, 600, 650, 700, 750,  
800, 999

00542 Corpus Adenosarcoma

EOD Primary Tumor: 100, 125, 150, 175, 200, 250, 300, 350, 400, 450, 500, 550,  
600, 650, 700, 750, 800, 999

00551 Ovary

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 350, 400, 450, 500, 600, 650,  
700, 750, 800, 999

00552 Primary Peritoneal Carcinoma

EOD Primary Tumor: 000, 300, 400, 450, 600, 650, 700, 750, 800, 999

00553 Fallopian Tube

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 350, 400, 450, 500, 600, 650,  
700, 750, 800, 999

00558 Adnexa Uterine Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00559 Genital Female Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00560 Placenta

EOD Primary Tumor: 000, 100, 200, 300, 700, 800, 999

00570 Penis

EOD Primary Tumor: 000, 050, 070, 100, 150, 200, 300, 400, 450, 500, 550, 600,  
700, 800, 999

00580 Prostate

EOD Primary Tumor: 000, 100, 110, 120, 150, 200, 210, 220, 300, 350, 400,  
500, 600, 700, 800, 999

**Schema ID, EOD Primary Tumor (SEER)**

00590        Testis

EOD Primary Tumor: 000, 100, 150, 200, 300, 400, 500, 600, 700, 800, 999

00598        Genital Male Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00600        Kidney Parenchyma

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 600, 700, 800, 999

00610        Kidney Renal Pelvis

EOD Primary Tumor: 000, 050, 100, 200, 300, 400, 500, 600, 700, 800, 999

00620        Bladder

EOD Primary Tumor: 000, 050, 100, 130, 150, 170, 200, 250, 300, 350, 370, 400,  
450, 500, 550, 600, 650, 700, 720, 750, 800, 999

00631        Urethra

EOD Primary Tumor: 000, 050, 100, 200, 300, 400, 700, 800, 999

00633        Urethra-Prostatic

EOD Primary Tumor: 000, 050, 100, 300, 400, 700, 800, 999

00638        Urinary Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00640        Skin Eyelid

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 600, 700, 800, 999

00650        Conjunctiva

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 600, 650, 700, 800, 999

00660        Melanoma Conjunctiva

EOD Primary Tumor: 000, 100, 110, 120, 130, 150, 200, 250, 300, 350, 400, 450,  
500, 550, 600, 650, 700, 750, 800, 999

**Schema ID, EOD Primary Tumor (SEER)**

00671          Melanoma Iris

EOD Primary Tumor: 000, 100, 150, 200, 250, 300, 350, 400, 450, 500, 550, 600,  
650, 700, 800, 999

00672          Melanoma Choroid and Ciliary Body

EOD Primary Tumor: 000, 100, 200, 300, 400, 500, 600, 700, 800, 999

00680          Retinoblastoma

EOD Primary Tumor: 100, 125, 150, 175, 200, 225, 250, 275, 300, 325, 350, 375,  
400, 425, 450, 475, 500, 525, 550, 600, 650, 700, 750, 800  
999

00690          Lacrimal Gland

EOD Primary Tumor: 000, 100, 200, 300, 700, 800, 999

00698          Lacrimal Sac

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00700          Orbital Sarcoma

EOD Primary Tumor: 000, 100, 300, 400, 700, 800, 999

00710          Lymphoma          Ocular Adnexa

EOD Primary Tumor: 100, 200, 300, 400, 700, 800, 999

00718          Eye Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00721          Brain

EOD Primary Tumor: 050, 100, 500, 700, 800, 999

00722          CNS Other

EOD Primary Tumor: 050, 100, 500, 700, 800, 999

00723          Intracranial Gland

EOD Primary Tumor: 000, 050, 100, 200, 700, 800, 999

**Schema ID, EOD Primary Tumor (SEER)**

00730 Thyroid

EOD Primary Tumor: 000, 100, 200, 300, 400, 600, 700, 750, 800, 999

00740 Thyroid Medullary

EOD Primary Tumor: 000, 100, 200, 300, 400, 600, 700, 750, 800, 999

00750 Parathyroid

EOD Primary Tumor: 000, 050, 100, 200, 300, 700, 800, 999

00760 Adrenal Gland

EOD Primary Tumor: 000, 100, 200, 300, 700, 800, 999

00770 NET Adrenal

EOD Primary Tumor: 000, 100, 200, 300, 700, 800, 999

00778 Endocrine Other

EOD Primary Tumor: 000, 100, 200, 700, 800, 999

00790 Lymphoma (excluding CLL/SLL)

EOD Primary Tumor: 100, 200, 300, 400, 500, 600, 700, 800, 999

00795 Lymphoma (CLL/SLL)

EOD Primary Tumor: 100, 200, 300, 400, 500, 600, 700, 800, 999

00811 Mycosis Fungoides

EOD Primary Tumor: 100, 150, 200, 250, 300, 400, 450, 500, 600, 700, 800, 999

00812 Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)

EOD Primary Tumor: 100, 200, 400, 500, 600, 700, 800, 999

00821 Plasma Cell Myeloma

EOD Primary Tumor: 700, 999

00822 Plasma Cell Disorder

**Schema ID, EOD Regional Nodes (SEER)**

EOD Primary Tumor: 100, 200, 500, 700, 999

00830 HemeRetic

EOD Primary Tumor: 100, 700, 999

99999 Ill-Defined Other/Ill-Defined Other

EOD Primary Tumor: 888

***Administrative Notes***

New edit - NAACCR v18 metafile.

**Modifications****NAACCR v18A**

-Description updated, added: 00812-400, 500

-Description updated, removed: 00075, 00076, 00077- 650; 00301-500; 00510-200; 00541-000,300

**NAACCR v18C**

- Description updated, code 400 added to 00740, Thyroid Medullary

- Description updated, code 675 added to 00360, Lung

- Description updated, Schema ID 00632, Prostatic Urethra, changed to 00633

**NAACCR v18D**

- Administrative Note for v18C amended, code 550 for 00360, Lung has been added back to table lookup

**Schema ID, EOD Regional Nodes (SEER)****Agency: SEER****Last changed: 03/23/2019 14:40:19****Edit Tag N2969*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks the values of EOD Regional Nodes by Schema ID.

This edit is skipped for any of the following conditions:

1. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
2. Schema ID is blank
3. EOD Regional Nodes is blank

The following list shows the Schema ID, Schema name, and values of EOD--

EditWriter 5

1127

10/17/2019 02:45 PM

**Schema ID, EOD Regional Nodes (SEER)**

Regional Nodes. The sites and histologies for each schema are listed in the edit \_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR).

00060           Cervical Lymph Nodes and Unknown Primary

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,  
800, 999

00071           Lip

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,  
800, 999

00072           Tongue Anterior

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,  
800, 999

00073           Gum

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,  
800, 999

00074           Floor of Mouth

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,  
800, 999

00075           Palate Hard

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,  
800, 999

00076           Buccal Mucosa

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,  
800, 999

00077           Mouth Other

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,  
800, 999

00080           Major Salivary Glands

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,  
800, 999

00090           Nasopharynx



**Schema ID, EOD Regional Nodes (SEER)**

EOD Regional Nodes: 000, 300, 400, 600, 800, 999

00100            Oropharynx HPV-Mediated (p16+)

EOD Regional Nodes: 000, 300, 400, 500, 800, 999

00111            Oropharynx (p16-)

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,  
800, 999

00112            Hypopharynx

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,  
800, 999

00118            Pharynx Other

EOD Regional Nodes: 000, 300, 800, 999

00119            Middle Ear

EOD Regional Nodes: 000, 300, 800, 999

00121            Maxillary Sinus

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,  
800, 999

00122            Nasal Cavity and Ethmoid Sinus

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,  
800, 999

00128            Sinus Other

EOD Regional Nodes: 000, 300, 800, 999

00130            Larynx Other

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 500, 600, 700, 800, 999

00131            Larynx Supraglottic

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,  
800, 999

**Schema ID, EOD Regional Nodes (SEER)**

00132            Larynx Glottic

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,  
800, 999

00133            Larynx Subglottic

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,  
800, 999

00140            Melanoma Head and Neck

EOD Regional Nodes: 000, 300, 800, 999

00150            Cutaneous Carcinoma of the Head and Neck

EOD Regional Nodes: 000, 100, 150, 200, 250, 300, 400, 450, 500, 600, 700,  
800, 999

00161            Esophagus (incl GE Junction) (incl Squamous)

EOD Regional Nodes: 000, 300, 700, 800, 999

00169            Esophagus (incl GE Junction) (excl Squamous)

EOD Regional Nodes: 000, 300, 700, 800, 999

00170            Stomach

EOD Regional Nodes: 000, 300, 400, 800, 999

00180            Small Intestine

EOD Regional Nodes: 000, 300, 800, 999

00190            Appendix

EOD Regional Nodes: 000, 300, 400, 800, 999

00200            Colon and Rectum

EOD Regional Nodes: 000, 200, 300, 800, 999

00210            Anus

EOD Regional Nodes: 000, 300, 400, 500, 800, 999

**Schema ID, EOD Regional Nodes (SEER)**

00220          Liver

EOD Regional Nodes: 000, 300, 700, 800, 999

00230          Bile Ducts Intrahepatic

EOD Regional Nodes: 000, 300, 400, 700, 800, 999

00241          Gallbladder

EOD Regional Nodes: 000, 300, 700, 800, 999

00242          Cystic Duct

EOD Regional Nodes: 000, 300, 700, 800, 999

00250          Bile Ducts Perihilar

EOD Regional Nodes: 000, 300, 800, 999

00260          Bile Ducts Distal

EOD Regional Nodes: 000, 300, 700, 800, 999

00270          Ampulla Vater

EOD Regional Nodes: 000, 300, 400, 800, 999

00278          Biliary Other

EOD Regional Nodes: 000, 300, 700, 800, 999

00280          Pancreas

EOD Regional Nodes: 000, 300, 700, 800, 999

00288          Digestive Other

EOD Regional Nodes: 000, 300, 800, 999

00290          NET Stomach

EOD Regional Nodes: 000, 300, 700, 800, 999

00301          NET Duodenum

**Schema ID, EOD Regional Nodes (SEER)**

EOD Regional Nodes: 000, 300, 800, 999

00302            NET Ampulla of Vater

EOD Regional Nodes: 000, 300, 800, 999

00310            NET Jejunum and Ileum

EOD Regional Nodes: 000, 300, 400, 800, 999

00320            NET Appendix

EOD Regional Nodes: 000, 300, 800, 999

00330            NET Colon and Rectum

EOD Regional Nodes: 000, 300, 800, 999

00340            NET Pancreas

EOD Regional Nodes: 000, 300, 700, 800, 999

00350            Thymus

EOD Regional Nodes: 000, 300, 400, 800, 999

00358            Trachea

EOD Regional Nodes: 000, 300, 800, 999

00360            Lung

EOD Regional Nodes: 000, 300, 400, 600, 700, 800, 999

00370            Pleural Mesothelioma

EOD Regional Nodes: 000, 300, 700, 800, 999

00378            Respiratory Other

EOD Regional Nodes: 000, 300, 800, 999

00381            Bone Appendicular Skeleton

EOD Regional Nodes: 000, 800, 999

**Schema ID, EOD Regional Nodes (SEER)**

00382          Bone Spine

EOD Regional Nodes: 000, 800, 999

00383          Bone Pelvis

EOD Regional Nodes: 000, 800, 999

00400          Soft Tissue Head and Neck

EOD Regional Nodes: 000, 300, 800, 999

00410          Soft Tissue Trunk and Extremities

EOD Regional Nodes: 000, 300, 800, 999

00421          Soft Tissue Abdomen and Thorax

EOD Regional Nodes: 000, 800, 999

00422          Soft Tissue Heart, Mediastinum, Pleura

EOD Regional Nodes: 000, 300, 800, 999

00430          GIST

EOD Regional Nodes: 000, 300, 800, 999

00440          Soft Tissue Retroperitoneum

EOD Regional Nodes: 000, 300, 800, 999

00450          Soft Tissue Other

EOD Regional Nodes: 000, 800, 999

00458          Kaposi Sarcoma

EOD Regional Nodes: 000, 100, 200, 300, 800, 999

00460          Merkel Cell Skin

EOD Regional Nodes: 000, 100, 200, 300, 350, 400, 500, 600, 650, 700, 750,  
800, 999

**Schema ID, EOD Regional Nodes (SEER)**

00470            Melanoma Skin

EOD Regional Nodes: 000, 100, 200, 300, 350, 400, 450, 500, 550, 600, 650, 700,  
750, 800, 999

00478            Skin Other

EOD Regional Nodes: 000, 300, 800, 999

00480            Breast

EOD Regional Nodes: 000, 030, 050, 070, 100, 150, 200, 250, 300, 350, 400,  
500, 600, 700, 800, 999

00500            Vulva

EOD Regional Nodes: 000, 050, 100, 200, 300, 400, 500, 600, 700, 750, 800, 999

00510            Vagina

EOD Regional Nodes: 000, 050, 300, 800, 999

00520            Cervix

EOD Regional Nodes: 000, 050, 300, 800, 999

00530            Corpus Carcinoma and Carcinosarcoma

EOD Regional Nodes: 000, 050, 100, 200, 300, 400, 500, 600, 800, 999

00541            Corpus Sarcoma

EOD Regional Nodes: 000, 050, 300, 800, 999

00542            Corpus Adenosarcoma

EOD Regional Nodes: 000, 050, 300, 800, 999

00551            Ovary

EOD Regional Nodes: 000, 050, 300, 400, 500, 800, 999

00552            Primary Peritoneal Carcinoma

EOD Regional Nodes: 000, 050, 300, 400, 500, 800, 999

**Schema ID, EOD Regional Nodes (SEER)**

00553            Fallopian Tube

EOD Regional Nodes: 000, 050, 300, 400, 500, 800, 999

00558            Adnexa Uterine Other

EOD Regional Nodes: 000, 300, 800, 999

00559            Genital Female Other

EOD Regional Nodes: 000, 800, 999

00560            Placenta

EOD Regional Nodes: 000, 300, 800, 999

00570            Penis

EOD Regional Nodes: 000, 100, 200, 300, 400, 500, 800, 999

00580            Prostate

EOD Regional Nodes: 000, 300, 800, 999

00590            Testis

EOD Regional Nodes: 000, 100, 200, 300, 400, 500, 600, 800, 999

00598            Genital Male Other

EOD Regional Nodes: 000, 300, 800, 999

00600            KidneyParenchyma

EOD Regional Nodes: 000, 300, 800, 999

00610            Kidney Renal Pelvis

EOD Regional Nodes: 000, 200, 300, 400, 800, 999

00620            Bladder

EOD Regional Nodes: 000, 300, 400, 700, 800, 999

**Schema ID, EOD Regional Nodes (SEER)**

00631 Urethra

EOD Regional Nodes: 000, 300, 400, 800, 999

00633 Urethra-Prostatic

EOD Regional Nodes: 000, 300, 400, 800, 999

00638 Urinary Other

EOD Regional Nodes: 000, 300, 800, 999

00640 Skin Eyelid

EOD Regional Nodes: 000, 100, 200, 300, 400, 500, 600, 700, 800, 999

00650 Conjunctiva

EOD Regional Nodes: 000, 300, 800, 999

00660 Melanoma Conjunctiva

EOD Regional Nodes: 000, 300, 800, 999

00671 Melanoma Iris

EOD Regional Nodes: 000, 300, 400, 500, 800, 999

00672 Melanoma Choroid and Ciliary Body

EOD Regional Nodes: 000, 300, 400, 500, 800, 999

00680 Retinoblastoma

EOD Regional Nodes: 000, 300, 800, 999

00690 Lacrimal Gland

EOD Regional Nodes: 000, 300, 800, 999

00698 Lacrimal Sac

EOD Regional Nodes: 000, 300, 800, 999

00700 Orbital Sarcoma

EOD Regional Nodes: 000, 300, 800, 999



**Schema ID, EOD Regional Nodes (SEER)**

00710            Lymphoma        Ocular Adnexa

EOD Regional Nodes: 000, 300, 400, 500, 600, 700, 800, 999

00718            Eye Other

EOD Regional Nodes: 000, 300, 800, 999

00721            Brain

EOD Regional Nodes: 888

00722            CNS Other

EOD Regional Nodes: 888

00723            Intracranial Gland

EOD Regional Nodes: 888

00730            Thyroid

EOD Regional Nodes: 000, 050, 070, 300, 400, 800, 999

00740            Thyroid Medullary

EOD Regional Nodes: 000, 050, 070, 300, 400, 800, 999

00750            Parathyroid

EOD Regional Nodes: 000, 300, 400, 800, 999

00760            Adrenal Gland

Nodes: 000, 300, 800, 999

00770            NET Adrenal

EOD Regional Nodes: 000, 300, 800, 999

00778            Endocrine Other

EOD Regional Nodes: 000, 300, 800, 999

00790            Lymphoma (excluding CLL/SLL)

**Schema ID, Site, Histo, Schema Discriminator 1 (NAACCR)**

EOD Regional Nodes: 888

00795            Lymphoma (CLL/SLL)

EOD Regional Nodes: 888

00811            Mycosis Fungoides

EOD Regional Nodes: 000, 050, 100, 200, 300, 400, 500, 600, 700, 800, 999

00812            Primary Cutaneous Lymphomas (excluding Mycosis Fungoides)

EOD Regional Nodes: 000, 300, 400, 500, 800, 999

00821            Plasma Cell Myeloma

EOD Regional Nodes: 888

00822            Plasma Cell Disorder

EOD Regional Nodes: 000, 800, 987, 999

00830            HemeRetic

EOD Regional Nodes: 888

99999            Ill-Defined Other/Ill-Defined Other

EOD Regional Nodes: 888

***Administrative Notes***

New edit - NAACCR v18 metafile.

**Modifications**

NAACCR v18C

- Description updated, Schema ID 00632, Prostatic Urethra, changed to 00633

**Schema ID, Site, Histo, Schema Discriminator 1 (NAACCR)****Agency: NAACCR****Last changed: 03/31/2019 10:59:07*****Edit Tag N2965***

## Schema ID, Site, Histo, Schema Discriminator 1 (NAACCR)

**Edit Sets**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

**Description**

\_SYS in edit name indicates an edit on system-generated data items. The edit is intended for use by software vendors in testing the accuracy of algorithms used to assign Schema ID, and for use by central registries in verifying the quality of submitted data.

This edit verifies that Schema Discriminator 1, where required, matches the Schema ID that is assigned to the case. Schema discriminators are used where the Primary Site and Histologic Type ICD-O-3 codes are not sufficient to identify the appropriate EOD coding scheme. Schema Discriminator 1 code is used to distinguish between multiple meanings for these codes where required for EOD coding.

For example, for topography code C240, Schema Discriminator 1 code 3 is assigned if the primary site is cystic duct, Schema ID 00240; code 1, 5, 6 or 9 is assigned if the primary site is perihilar bile ducts, Schema ID 00250; code 4 or 7 is assigned if the primary site is distal bile ducts, Schema ID 00260. Schema Discriminator 1 is only required for the primary site codes or histologies listed for each Schema ID; there may be other primary site codes or histologies within the Schema ID that do not require Schema Discriminator 1, and Schema Discriminator 1 must be left blank if not required.

The edit checks that Schema ID, Primary Site code or Histologic Type ICD-O-3 code, and Schema Discriminator 1 code occur together within the edited record, as shown in the following chart. If there is an edit failure, the problem may be due to a software error. If coding is reviewed and correct, the software vendor should be consulted for assistance in resolving the issue.

- The edit is skipped for the following conditions:  
Date of diagnosis before 2018, blank (unknown), or invalid.  
Schema ID is blank.
- The edit verifies the occurrence of Schema ID, Primary Site code, Histologic Type ICD-O-3 code, and Schema Discriminator 1 code together in the record as shown:

| SCHEMA ID |                                                           | SITE | HISTO | DISC 1  |
|-----------|-----------------------------------------------------------|------|-------|---------|
| 00060     | Cervical Lymph Nodes,<br>Unknown Primary of Head and Neck | C760 |       | 2,3,4,5 |
| 00090     | Nasopharynx                                               | C111 |       | 1       |
| 00100     | Oropharynx (p16+)                                         | C111 |       | 2       |
| 00111     | Oropharynx (p16-)                                         | C111 |       | 2       |
| 00161     | Esophagus Squamous                                        | C160 |       | 2       |
| 00169     | Esophagus excluding Squamous                              | C160 |       | 2       |
| 00170     | Stomach                                                   | C160 |       | 0,3,9   |
| 00242     | Cystic Duct                                               | C240 |       | 3       |
| 00250     | Bile Ducts Perihilar                                      | C240 |       | 1,5,6,9 |
| 00260     | Bile Ducts Distal                                         | C240 |       | 4,7     |

| Schema ID, Site, Histo, Schema Discriminator 1 (NAACCR) |                                   |      |      |       |
|---------------------------------------------------------|-----------------------------------|------|------|-------|
| 00430                                                   | GIST                              | C481 |      | 1,2,9 |
| 00450                                                   | Soft Tissue Other                 | C760 | 8941 | 0,1   |
| 00631                                                   | Urethra                           | C680 |      | 1     |
| 00633                                                   | Urethra-Prostatic                 | C680 |      | 2     |
| 00671                                                   | Melanoma Iris                     | C694 |      | 2     |
| 00672                                                   | Melanoma Choroid and Ciliary Body | C694 |      | 1     |
| 00690                                                   | Lacrimal Gland                    | C695 |      | 1     |
| 00698                                                   | Lacrimal Sac                      | C695 |      | 2,9   |
| 00730                                                   | Thyroid                           | C739 |      | 1,2   |
| 00740                                                   | Thyroid - Medullary               | C739 |      | 1,2   |
| 00790                                                   | Lymphoma                          |      | 9591 | 3,9   |
| 00821                                                   | Plasma Cell Myeloma               |      | 9732 | 0,1,9 |
| 00830                                                   | HemeRetic                         |      | 9591 | 1,2   |
| 99999                                                   | Ill-Defined Other                 | C760 |      | 0,1   |

3. The edit verifies that Schema Discriminator 1 is blank for all other Primary Site or Histologic Type ICD-O-3 codes in the Schema ID.
4. The edit verifies that Schema Discriminator 1 is left blank for all other Schema IDs.

## SCHEMA ID-

## SITE OR HISTO

## SCHEMA DISCRIMINATOR 1 CODES AND DEFINITIONS

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 00060-C760               | 2: Not tested for EBV or p16 in head and neck regional nodes (EBV and p16 both unknown)<br>3: Unknown EBV, p16 negative in head and neck regional nodes<br>4: Unknown p16, EBV negative in head and neck regional nodes<br>5: Negative for both EBV and p16 in head and neck regional nodes                                                                                                                                          |
| 00090-C111               | 1: Posterior wall of nasopharynx, NOS                                                                                                                                                                                                                                                                                                                                                                                                |
| 00100-C111<br>00111-C111 | 2: Adenoid; pharyngeal tonsil                                                                                                                                                                                                                                                                                                                                                                                                        |
| 00161-C160<br>00169-C160 | 2: INVOLVEMENT of esophagus or esophagogastric junction (EGJ) AND epicenter LESS THAN or EQUAL TO 2 cm into the proximal stomach                                                                                                                                                                                                                                                                                                     |
| 00170-C160               | 0: NO involvement of esophagus or gastroesophageal junction AND epicenter at ANY DISTANCE into the proximal stomach (including distance unknown)<br>3: INVOLVEMENT of esophagus or esophagogastric junction (EGJ) AND epicenter GREATER THAN 2 cm into the proximal stomach<br>9: UNKNOWN involvement of esophagus or gastroesophageal junction AND epicenter at ANY DISTANCE into the proximal stomach (including distance unknown) |
| 00242-C240               | 3: Cystic bile duct; cystic duct                                                                                                                                                                                                                                                                                                                                                                                                     |
| 00250-C240               | 1: Perihilar bile duct(s)<br>Proximal extrahepatic bile duct(s); Hepatic duct(s)<br>5: Diffuse involvement<br>More than one subsite involved, subsite of origin not stated                                                                                                                                                                                                                                                           |

**Schema ID, Site, Histo, Schema Discriminator 1 (NAACCR)**

|                          |                                                                                                                                                                                                                                                                                                                              |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | 6: Stated as middle extrahepatic bile duct<br>AND treated with combined hepatic and hilar resection                                                                                                                                                                                                                          |
|                          | 9: Extrahepatic bile ducts, NOS                                                                                                                                                                                                                                                                                              |
| 00260-C240               | 4: Distal bile duct; Common bile duct; Common duct, NOS<br>7: Stated as middle extrahepatic bile duct<br>AND treated with combined hepatic and hilar resection                                                                                                                                                               |
| 00430-C481               | 1: Mesentery; Mesoappendix; Mesocolon; Pelvic peritoneum;<br>Rectouterine pouch: Cul de sac, Pouch of Douglas;<br>Other specified peritoneal site<br>2: Omentum<br>9: Unknown or no information; Not documented in medical record                                                                                            |
| 00450-C760               | 0: Not occult<br>1: Occult, Negative cervical nodes (regional head and neck nodes)                                                                                                                                                                                                                                           |
| 00631-C680<br>00633-C680 | 1: Male penile urethra; Female urethra: Urethral gland;<br>Cowper gland; Urethra, NOS<br>2: Males only: Prostatic urethra, Prostatic utricle                                                                                                                                                                                 |
| 00671-C694               | 2: Iris                                                                                                                                                                                                                                                                                                                      |
| 00672-C694               | 1: Ciliary Body; Crystalline lens; Sclera; Uveal tract;<br>Intraocular; Eyeball                                                                                                                                                                                                                                              |
| 00690-C695               | 1: Lacrimal gland                                                                                                                                                                                                                                                                                                            |
| 00698-C695               | 2: Lacrimal sac; Lacrimal duct, NOS; Nasal lacrimal duct/sac;<br>Nasolacrimal duct<br>9: Lacrimal, NOS                                                                                                                                                                                                                       |
| 00730-C739<br>00740-C739 | 1: Thyroid gland; Thyroid, NOS<br>2: Thyroglossal duct cyst                                                                                                                                                                                                                                                                  |
| 00790-9591               | 3: Splenic diffuse red pulp small B-cell lymphoma<br>Splenic marginal zone lymphoma, diffuse variant<br>Splenic red pulp lymphoma with numerous basophilic villous<br>lymphocytes<br>Splenic lymphoma with villous lymphocytes<br>9: Non-Hodgkin lymphoma, NOS<br>Any other terminology describing non-Hodgkin lymphoma, NOS |
| 00821                    | 0: Multiple myeloma<br>Myeloma, NOS<br>Non-secretory myeloma<br>Plasma cell myeloma (PCM)<br>Ultra-High-Risk Smoldering MM (SMM)<br>1: Smoldering plasma cell myeloma (SPCM)<br>Asymptomatic plasma cell myeloma<br>Early myeloma<br>Evolving myeloma<br>9: Other terminology describing myeloma<br>Unknown terminology used |
| 00830-9591               | 1: Splenic B-cell lymphoma/leukemia, unclassifiable<br>2: Hairy cell leukemia variant<br>Prolymphocytic variant of hairy cell leukemia                                                                                                                                                                                       |

**Schema ID, Site, Histo, Schema Discriminator 2 (NAACCR)**

99999-C760      0: Not occult  
                   1: Occult, Negative cervical nodes (regional head and neck nodes)

***Administrative Notes***

New edit - NAACCR v18 metafile

**Modifications****NAACCR v18A**

- Description, logic modified to allow blank for Schema Discriminator 1 for 00430, 00730, 00740, and 00821. Schema Discriminator 1 used for AJCC ID and/or staging only for these schemas.
- Description updated, 00240 Gallbladder changed to 00242, Cystic Duct
- Description updated to include 2, 9 as discriminators for 00430, GIST
- Description, logic updated to skip for blank Schema ID, blank Schema Discriminator 1 removed from skip
- Description updated, values for 00821 corrected to 0,1,9,blank

**NAACCR v18B**

- Logic updated to correctly handle combinations of site/histology with schema discriminators
- Description, logic updated, skip added for schema ID where sex and age considered in ID assignment

**NAACCR v18C**

- Description corrected to define codes for 00671 for Iris, 00672 for Ciliary Body, 00730 and 00740 for Thyroid
- Logic corrected, 00090 added to list of schemas where histology mapped to X
- Description updated to include code definitions for 00821
- Description, logic updated to not pass blank SD1 value for 00430, 00730, 00740, 00821
- Description updated to note that only listed site/histology codes require Schema Discriminator 1
- Name changed from \_SYS Schema ID, Site, Histo, Schema Discriminator 1 (NAACCR)
- Description, logic updated to remove skips for Schema ID where SD1 mapped to values for sex or age in reference table

**Schema ID, Site, Histo, Schema Discriminator 2 (NAACCR)**

Agency: NAACCR

Last changed: 03/23/2019 16:18:04

*Edit Tag* N3007

***Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

***Description***

\_SYS in edit name indicates an edit on system-generated data items. The edit is intended for use by software vendors in testing the accuracy of algorithms used to assign Schema ID, and for use by central registries in verifying the quality of submitted data.

**Schema ID, Site, Histo, Schema Discriminator 2 (NAACCR)**

This edit verifies that Schema Discriminator 2, where required, matches the Schema ID that is assigned to the case. Schema Discriminator 2 code is used to distinguish between p16 positive and p16 negative histologies for oropharyngeal carcinomas. Schema Discriminator 2 is used to distinguish between undifferentiated carcinomas with squamous or glandular components for esophageal primaries. See the list of codes and definitions below the chart.

The edit checks that Schema ID, Primary Site code or Histologic Type ICD-O-3 code, and Schema Discriminator 2 code occur together within the edited record, as shown in the following chart. If there is an edit failure, the problem may be due to a software error. If coding is reviewed and correct, the software vendor should be consulted for assistance in resolving the issue.

1. The edit is skipped for the following conditions:  
Date of diagnosis before 2018, blank, or invalid.  
Schema ID is blank.
2. The edit verifies the occurrence of Schema ID, Primary Site code, Histologic Type ICD-O-3 code, and Schema Discriminator 2 code together in the record as shown:

| SCHEMA ID               | SITE | HISTO | DISC 2 |
|-------------------------|------|-------|--------|
| 00100 Oropharynx (p16+) | C019 |       | 2      |
|                         | C024 |       | 2      |
|                         | C051 |       | 2      |
|                         | C052 |       | 2      |
|                         | C058 |       | 2      |
|                         | C059 |       | 2      |
|                         | C090 |       | 2      |
|                         | C091 |       | 2      |
|                         | C098 |       | 2      |
|                         | C099 |       | 2      |
|                         | C100 |       | 2      |
|                         | C102 |       | 2      |
|                         | C103 |       | 2      |
|                         | C104 |       | 2      |
|                         | C108 |       | 2      |
|                         | C109 |       | 2      |
|                         | C111 |       | 2      |
| 00111 Oropharynx (p16-) | C019 |       | 1, 9   |
|                         | C024 |       | 1, 9   |
|                         | C051 |       | 1, 9   |
|                         | C052 |       | 1, 9   |
|                         | C058 |       | 1, 9   |
|                         | C059 |       | 1, 9   |
|                         | C090 |       | 1, 9   |
|                         | C091 |       | 1, 9   |
|                         | C098 |       | 1, 9   |
|                         | C099 |       | 1, 9   |
|                         | C100 |       | 1, 9   |
|                         | C102 |       | 1, 9   |
|                         | C103 |       | 1, 9   |
|                         | C104 |       | 1, 9   |

**SEER Site-Specific Fact 1, Date DX (SEER)**

|                                    |      |      |
|------------------------------------|------|------|
|                                    | C108 | 1, 9 |
|                                    | C109 | 1, 9 |
|                                    | C111 | 1, 9 |
| 00161 Esophagus Squamous           | 8020 | 1, 9 |
| 00169 Esophagus excluding Squamous | 8020 | 2    |

3. The edit verifies that Schema Discriminator 2 is blank for all other Primary Site or Histologic Type ICD-O-3 codes in the Schema ID.
4. The edit verifies that Schema Discriminator 2 is left blank for all other Schema IDs.

| SCHEMA ID | SCHEMA DISCRIMINATOR 2 CODES AND DEFINITIONS                                                |
|-----------|---------------------------------------------------------------------------------------------|
| 00100     | 2: p16 Positive; HPV Positive; Diffuse, strong reactivity                                   |
| 00111     | 1: p16 Negative; Nonreactive<br>9: Not tested for p16; Unknown                              |
| 00161     | 1: Undifferentiated carcinoma with squamous component<br>9: Undifferentiated carcinoma, NOS |
| 00169     | 2: Undifferentiated carcinoma with glandular component                                      |

***Administrative Notes***

New edit - NAACCR v18 metafile

**Modifications****NAACCR v18A**

- Description, logic updated to skip for blank Schema ID, blank Schema Discriminator 2 removed from skip

**NAACCR v18C**

- 9 added to Schema Discriminator 2 codes for 00111

-Name changed from \_SYS Schema ID, Site, Histo Schema Discriminator 2 (NAACCR)

**SEER Site-Specific Fact 1, Date DX (SEER)**

**Agency: SEER**

**Last changed: 05/31/2018 21:29:05**

**Edit Tag N3988**



**SEER Site-Specific Fact 1, Schema ID, Required (MCR/SEER)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid SEER Site-Specific Fact 1 code or blank:

- 0: HPV negative for viral DNA by ISH test
- 1: HPV positive for viral DNA by ISH test
- 2: HPV negative for viral DNA by PCR test
- 3: HPV positive for viral DNA by PCR test
- 4: HPV negative by ISH E6/E7 RNA test
- 5: HPV positive by ISH E6/E7 RNA test
- 6: HPV negative by RT-PCR E6/E7 RNA test
- 7: HPV positive by RT-PCR E6/E7 RNA test
- 8: HPV status reported in medical records as positive or negative but test type is unknown
- 9: Unknown if HPV test detecting viral DNA and or RNA was performed

Another edit, SEER Site-Specific Fact 1, Schema ID, Required (SEER), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**SEER Site-Specific Fact 1, Schema ID, Required (MCR/SEER)**

Agency: NONE

Last changed: 04/09/2019 15:27:37

Edit Tag MA3989

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that SEER Site-Specific Fact 1 is coded (not blank) for the Schema IDs for which it is required by a standard setter.

**Sentinel Lymph Nodes Ex, Reg Nodes Ex, Date RLN Dissection, CoC Flag (SEER)**

Required for Schema ID:

00071: Lip  
00072: Tongue Anterior  
00073: Gum  
00074: Floor of Mouth  
00075: Palate Hard  
00076: Buccal Mucosa  
00077: Mouth Other  
00100: Oropharynx HPV-Mediated (p16+)  
00111: Oropharynx (p16-)  
00112: Hypopharynx

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to require the field 2019+ instead of 2018+.

**Sentinel Lymph Nodes Ex, Reg Nodes Ex, Date RLN Dissection, CoC Flag (SEER)**

Agency: SEER

Last changed: 07/19/2019 00:45:04

*Edit Tag* N4207***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks that Date Regional Lymph Node Dissection is blank and Date Regional Lymph Node Dissection Flag is not blank if Sentinel Lymph Nodes Examined and Regional Nodes Examined are the same numeric value. If Sentinel Lymph Nodes Examined equals Regional Nodes Examined, only a Sentinel Node Biopsy should have been performed; there would be no date to record for Regional Lymph Node Dissection.

1. This edit is skipped if:
  - a. Sentinel Lymph Nodes Examined is blank
  - b. Regional Nodes Examined is blank
  - c. Date of diagnosis is less than 2019, blank (unknown), or invalid.
  - d. Schema ID is not 00470 (Melanoma of Skin) or 00480 (Breast)

**Sentinel Lymph Nodes Examined (COC)**

e. CoC Accredited Flag is not = 1

2. If number of Sentinel Lymph Nodes Examined = number of Regional Nodes Examined, and number of Sentinel Nodes examined > 00 and number of Regional Nodes Examined > 00 and number of Sentinel Nodes Examined does not = 95, 98, or 99, Date Regional Lymph Node Dissection must be blank and Date Regional Lymph Node Dissection Flag must not be blank and must not = 12.

***Administrative Notes***

New edit - NAACCR v18C metafile

**Modifications**

NAACCR v18D

- Description, logic updated, statement 3 removed, number of regional nodes examined greater than number of sentinel nodes, date

regional node dissection must not be blank or date flag must = 12

**Sentinel Lymph Nodes Examined (COC)**

Agency: COC

Last changed: 03/13/2018 20:44:37

*Edit Tag* N2531

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This data item records the total number of lymph nodes sampled during the sentinel node biopsy and examined by the pathologist. This data item is collected for Melanoma of Skin and Breast cases only (Schema IDs 00470 and 00480).

This edit checks only for valid code values. Another edit checks that the item is recorded according to standard setter requirements by date of diagnosis and primary site.

1. The item may be blank.

2. Sentinel Lymph Nodes Examined must be a two-digit number with values of 00-90, 95, 98, and 99.

00: No sentinel nodes examined

01-90: Sentinel nodes examined (exact number of sentinel lymph nodes examined)

95: No sentinel nodes removed, but aspiration of sentinel node(s) performed

98: Sentinel lymph nodes biopsied, but number unknown

99: Unknown whether sentinel nodes examined

**Sentinel Lymph Nodes Examined, Date of Sentinel Lymph Node Biopsy Flag (COC)**  
Not stated in patient record

### ***Administrative Notes***

New edit - NAACCR v18 metafile

## **Sentinel Lymph Nodes Examined, Date of Sentinel Lymph Node Biopsy Flag (COC)**

Agency: COC

Last changed: 08/22/2019 15:06:11

*Edit Tag* N2536

### ***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### ***Description***

This edit checks that Sentinel Lymph Nodes Examined and Date Sentinel Lymph Node Biopsy Flag are coded consistently with each other.

**Sentinel Lymph Nodes Examined, Regional Nodes Examined (COC)**

1. If Sentinel Lymph Nodes Examined = 01-90, 98, Date of Sentinel Lymph Node Biopsy and Date of Sentinel Lymph Node Biopsy Date Flag must not both be blank.
2. If Sentinel Lymph Nodes Examined is blank, Date of Sentinel Lymph Node Biopsy and Date of Sentinel Lymph Node Biopsy Date Flag must both be blank.
3. If Sentinel Lymph Nodes Examined = 01-90,98 (nodes examined), Date of Sentinel Lymph Node Biopsy Flag must not = 10 (unknown if sentinel node biopsy performed) or 11 (no sentinel node biopsy performed).
4. If Sentinel Lymph Nodes Examined = 99 (unknown if sentinel nodes examined), Date of Sentinel Lymph Node Biopsy Flag must = 10 (unknown if sentinel node biopsy performed).

***Administrative Notes***

New edit - NAACCR v18 metafile

**Modifications****NAACCR v18A**

- Description, edit logic updated to include Sentinel Lymph Nodes Examined code 95 requiring Date of Sentinel Lymph Node Biopsy Flag = 11

**NAACCR v18D**

- Description, logic updated: Edit not skipped if Sentinel Lymph Nodes Examined is blank; edit not skipped if Date of Sentinel Lymph

Node Biopsy is blank and Date of Sentinel Lymph Node Biopsy Date Flag is blank.

- Description, logic updated: If Sentinel Lymph Nodes Examined = 01-90, Date of Sentinel Lymph Node Biopsy and Date of Sentinel

Lymph Node Biopsy Date Flag must not both be blank.

- Description, logic updated: If Sentinel Lymph Nodes Examined is blank, Date of Sentinel Lymph Node Biopsy and Date of Sentinel

Lymph Node Biopsy Date Flag must both be blank.

- Description, logic updated: Removed: If Sentinel Lymph Nodes Examined = 00 or 95, Date of Sentinel Lymph Node Biopsy Flag must =

11

**Sentinel Lymph Nodes Examined, Regional Nodes Examined (COC)**

Agency: COC

Last changed: 04/10/2018 20:53:54

Edit Tag N2833

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Sentinel Lymph Nodes Examined, Sentinel Lymph Nodes Positive (COC)****Description**

This edit checks that Sentinel Lymph Nodes Examined and Regional Nodes Examined are coded consistently with each other.

This edit is skipped if:

1. Sentinel Lymph Nodes Examined is blank
  2. Regional Nodes Examined is blank
- 
1. If Regional Lymph Nodes Examined = 00 (no regional nodes examined),  
Sentinel Lymph Nodes Examined must = 00 (no sentinel nodes examined).
  2. If Regional Lymph Nodes Examined = 95 (aspiration or core biopsy of regional nodes only),  
Sentinel Lymph Nodes Examined must = 00 (no sentinel nodes examined) or 95 (aspiration of sentinel nodes).
  3. If Sentinel Lymph Nodes Examined = 01-90 (number of sentinel nodes examined),  
Regional Nodes Examined must = 01-90 (number of regional nodes examined) and be greater than or equal to Sentinel Lymph Nodes Examined, or = 96-98 (regional nodes examined, unknown number).
  4. If Sentinel Lymph Nodes Examined = 98 (sentinel nodes examined, unknown number),  
Regional Nodes Examined must = 01-90 (number of regional nodes examined) or = 96-98 (regional nodes examined, unknown number).
  5. If Sentinel Lymph Nodes Examined = 95 (aspiration of sentinel nodes),  
Regional Nodes Examined must = 01-90 (number of nodes examined), 95 (aspiration or core biopsy of nodes only), or 96-98 (regional nodes examined, unknown number).

**Administrative Notes**

New edit - NAACCR v18 metafile

**Sentinel Lymph Nodes Examined, Sentinel Lymph Nodes Positive (COC)**

Agency: COC

Last changed: 04/10/2018 20:57:01

Edit Tag N2535

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Sentinel Lymph Nodes Pos/Ex, Schema ID, Date DX (MCR/COC)****Description**

This edit checks that Sentinel Lymph Nodes Examined and Sentinel Lymph Nodes Positive are coded consistently with each other.

This edit is skipped if:

1. Sentinel Lymph Nodes Examined is blank
  2. Sentinel Lymph Nodes Positive is blank
- 
1. If Sentinel Lymph Nodes Examined = 00 (no sentinel nodes examined), Sentinel Lymph Nodes Positive must = 98 (no sentinel nodes examined).
  2. If Sentinel Lymph Nodes Examined = 01-90 (number of sentinel nodes examined), Sentinel Lymph Nodes Positive must = 00-90 (number of positive sentinel nodes) and less than or equal to Sentinel Lymph Nodes Examined), 97 (sentinel nodes positive, number unknown), or 99 (unknown if positive nodes).
  3. If Sentinel Lymph Nodes Examined = 95 (aspiration of sentinel nodes), Sentinel Lymph Nodes Positive must = 00 (no positive sentinel nodes), 95 (positive aspiration of sentinel nodes), or 99 (unknown if positive sentinel nodes).
  4. If Sentinel Lymph Nodes Examined = 98 (sentinel nodes biopsied but unknown number), Sentinel Lymph Nodes Positive must = 00-90 (number of positive sentinel nodes), 97 (positive sentinel nodes, unknown number; or for breast only, sentinel lymph node biopsy and regional node dissection occurred in same procedure), or 99 (unknown if positive sentinel nodes).
  5. If Sentinel Lymph Nodes Examined = 99 (unknown if sentinel nodes examined), then Sentinel Lymph Nodes Positive must = 99 (unknown if positive sentinel nodes).

**Administrative Notes**

New edit - NAACCR v18 metafile

**Sentinel Lymph Nodes Pos/Ex, Schema ID, Date DX (MCR/COC)**

Agency: NONE

Last changed: 04/09/2019 15:08:49

Edit Tag MA2532

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Sentinel Lymph Nodes Positive (COC)****Description**

This edit checks that Sentinel Lymph Nodes data items are recorded for diagnoses 1/1/2019 and later for Melanoma of Skin and Breast cases (Schema IDs 00470 and 00480).

The edit is skipped for blank or invalid date of diagnosis.

1. If the year of Date of Diagnosis is before 2018, then Sentinel Lymph Nodes Examined and Sentinel Lymph Nodes Positive must be blank.
2. If the year of Date of Diagnosis is 2019 or later, then Sentinel Lymph Nodes Examined and Sentinel Lymph Nodes Positive must not be blank for Melanoma of Skin and Breast cases.
3. Sentinel Lymph Nodes Positive and Sentinel Lymph Nodes Examined must be blank for other Schema IDs.

**Administrative Notes**

New edit - NAACCR v18 metafile

This edit differs from the SEER edit of the same name in allowing sentinel node data items only for Melanoma of Skin and Breast.

18C: The MCR modification is to require the fields for 2019+ instead of 2018+ for breast and skin melanoma.

**Sentinel Lymph Nodes Positive (COC)**

Agency: COC

Last changed: 05/17/2018 22:12:05

Edit Tag N2533

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This data item records the exact number of sentinel lymph nodes biopsied by the pathologist and found to contain metastases. This data item is collected for Melanoma of Skin and Breast cases only (Schema IDs 00470 and 00480).

This edit checks only for valid code values. Another edit checks that the item is recorded according to standard setter requirements by date of diagnosis and primary site.

1. The item may be blank.
2. Sentinel Lymph Nodes Positive must be a two-digit number with values of 00-90, 95, 97, 98, and 99.



**Sentinel Lymph Nodes Positive, Regional Nodes Positive (COC)**

00: All sentinel nodes examined are negative  
01-90: Sentinel nodes are positive (exact number of nodes positive)  
95: Positive aspiration of sentinel lymph node(s) performed  
97: Positive sentinel nodes documented, but number unspecified  
    For breast ONLY: SLN and RLND occurred during the same procedure  
98: No sentinel nodes were biopsied  
99: Unknown whether sentinel nodes are positive  
    Not applicable  
    Not stated in patient record

***Administrative Notes***

New edit - NAACCR v18 metafile

## **Sentinel Lymph Nodes Positive, Regional Nodes Positive (COC)**

Agency: COC

Last changed: 07/25/2018 07:21:39

*Edit Tag* N2834

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks that Sentinel Lymph Nodes Positive and Regional Nodes Positive are coded consistently with each other.

This edit is skipped if:

1. Sentinel Lymph Nodes Positive is blank
2. Regional Nodes Positive is blank

**Separate Tumor Nodules, Behavior (NAACCR)**

1. If Regional Lymph Nodes Positive = 00 (no regional nodes positive), Sentinel Lymph Nodes Positive must = 00 (no sentinel nodes positive) or 98 (no sentinel nodes examined).
2. If Regional Lymph Nodes Positive = 95 (positive aspiration or core biopsy), Sentinel Lymph Nodes Positive must = 00 (no sentinel nodes positive), 95 (positive aspiration of sentinel nodes), or 98 (no sentinel nodes examined).
3. If Sentinel Lymph Nodes Positive = 01-90 (number of positive sentinel nodes), Regional Nodes Positive must = 01-90 (number of positive regional nodes) and be greater than or equal to Sentinel Lymph Nodes Positive, or = 97-98 (positive regional nodes, number unknown).
4. If Sentinel Lymph Nodes Positive = 95 (positive aspiration of sentinel nodes), Regional Nodes Positive must = 01-90 (number of positive regional nodes), 95 (positive aspiration of regional nodes), or 97-98 (positive regional nodes, number unknown).
5. If Sentinel Lymph Nodes Positive = 97 (97 (positive sentinel nodes, unknown number; or for breast only, sentinel lymph node biopsy and regional node dissection occurred in same procedure)), Regional Nodes Positive must = 01-90 (number of positive nodes), or 97-98 (positive regional nodes, number unknown).

***Administrative Notes***

New edit - NAACCR v18 metafile

**Separate Tumor Nodules, Behavior (NAACCR)**

Agency: NAACCR

Last changed: 03/22/2018 23:07:39

*Edit Tag* N3060***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Separate Tumor Nodules SSDI for lung is coded consistently with Behavior Code ICD-O-3.

1. The edit is skipped for the following conditions:
  - a. Date of Diagnosis before 2018, blank (unknown), or invalid.
  - b. Schema ID is not 00360
  - c. Separate Tumor Nodules is blank or 8 (not applicable)
  - d. Behavior Code ICD-O-3 is 0, 1, 3, or blank
2. The edit verifies that if Behavior Code ICD-O-3 = 2, Separate Tumor Nodules = "0" (multiple foci of adenocarcinoma in situ),

**Separate Tumor Nodules, Date DX (NAACCR)**  
or "9" (Primary tumor is in situ).

## ***Administrative Notes***

New edit - NAACCR v18 metafile

## **Separate Tumor Nodules, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2670

## ***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

## ***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Separate Tumor Nodules code or blank:

- 0: No separate tumor nodules; single tumor only
  - Separate tumor nodules of same histologic type not identified/not present
  - Intrapulmonary metastasis not identified/not present
  - Multiple nodules described as multiple foci of adenocarcinoma in situ or minimally invasive adenocarcinoma
- 1: Separate tumor nodules of same histologic type in ipsilateral lung, same lobe
- 2: Separate tumor nodules of same histologic type in ipsilateral lung, different lobe
- 3: Separate tumor nodules of same histologic type in ipsilateral lung, same AND different lobes
- 4: Separate tumor nodules of same histologic type in ipsilateral lung, unknown if same or different lobe(s)
- 7: Multiple nodules or foci of tumor present, not classifiable based on notes 3 and 4
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
  - Primary tumor is in situ
  - Separate Tumor Nodules not assessed or unknown if assessed;

**Separate Tumor Nodules, Lung, EOD Primary Tumor (SEER)**

Another edit, Separate Tumor Nodules, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Separate Tumor Nodules, Lung, EOD Primary Tumor (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

*Edit Tag* N3958

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Separate Tumor Nodules SSDI is coded consistently with EOD Primary Tumor for Lung.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
  - b. Schema ID is not 00360
  - c. Separate Tumor Nodules is blank or 8 (not applicable)
  - d. EOD Primary Tumor is blank
2. If Separate Tumor Nodules = 1 (separate nodules in ipsilateral lung, same lobe) or 4 (separate nodules in ipsilateral lung, unknown lobe), EOD Primary Tumor must = 500-700 (separate tumor nodules in same lobe or higher) or 999 (unknown extension).
3. If Separate Tumor Nodules = 2 or 3 (separate nodules in ipsilateral lung, different lobe), EOD Primary Tumor must = 700 (separate tumor nodules in different ipsilateral lobe).

***Administrative Notes***

New edit - NAACCR v18C metafile

**Separate Tumor Nodules, Lung, Summary Stage 2018 (MCR/NAACCR)**

Agency: NONE

Last changed: 04/15/2019 21:13:20

EditWriter 5

1156

10/17/2019 02:45 PM

**Separate Tumor Nodules, Schema ID, Required (MCR/NAACCR)***Edit Tag* MA6062***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Separate Tumor Nodules SSDI is coded consistently with Summary Stage 2018 for Lung.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
  - b. Schema ID is not 00360
  - c. Separate Tumor Nodules is blank or 8 (not applicable)
  - d. Summary Stage 2018 is blank
2. If Separate Tumor Nodules = 1 (separate nodules in ipsilateral lung, same lobe) or 4 (separate nodules in ipsilateral lung, unknown lobe), Summary Stage 2018 must not = 0, 1, or 3 (in situ, local, regional by nodal involvement only)
3. If Separate Tumor Nodules = 2 or 3 (separate nodules in ipsilateral lung, different lobe), Summary Stage 2018 must = 7 (metastasis)

***Administrative Notes***

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019.

**Separate Tumor Nodules, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/09/2019 14:45:32

*Edit Tag* MA2871***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:

**Serum Albumin Pretreatment Level, Date DX (NAACCR)**

- a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Separate Tumor Nodules is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00360: Lung

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to require the field 2019+ instead of 2018+.

**Serum Albumin Pretreatment Level, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:16:11

Edit Tag N2747

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Serum Albumin Pretreatment Level code or blank:

0: Serum albumin <3.5 g/dL

1: Serum albumin >= 3.5 g/dL

7: Test done, results not in chart

9: Not documented in medical record

Serum albumin Pretreatment Level not assessed or unknown if assessed

Another edit, Serum Albumin Pretreatment Level, Schema ID, Required (NAACCR),

**Serum Albumin Pretreatment Level, Schema ID, Required (MCR/NAACCR)**

checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Serum Albumin Pretreatment Level, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/09/2019 14:36:37

Edit Tag MA2932

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Serum Albumin Pretreatment Level is coded (not blank) for the Schema IDs for which it is required by a standard setter. Schema Discriminator 1 is required to identify a plasma cell myeloma diagnosis eligible for RISS staging.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00821: Plasma Cell Myeloma:

Schema Discriminator 1 is not blank

If Schema Discriminator 1 = 0, Serum Albumin Pretreatment Level is not blank.  
If Schema Discriminator 1 = 1 or 9, Serum Albumin Pretreatment Level must be blank.

**Serum Beta-2 Microglobulin Pretreatment Level, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

NAACCR v18A metafile:

- Description, logic updated to require Schema Discriminator 1 must not be blank
- Description updated to note that SSDI must be blank for Schema ID 00821, Schema Discriminator 1 = 1 or 9

18C: The MCR modification is to skip for pre-2019 instead of pre-2018 dx. I did the best I could with the messaging. The Discriminator is required 2018+ but that is checked elsewhere.

**Serum Beta-2 Microglobulin Pretreatment Level, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:16:25

Edit Tag N2748

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Serum Beta2-Microglobulin Pretreatment Level code or blank:
  - 0: Beta-2 microglobulin < 3.5 mg/L
  - 1: Beta-2 microglobulin >= 3.5 mg/L < 5.5 mg/L
  - 2: Beta-2 microglobulin >= 5.5 mg/L
  - 7: Test done, results not in chart
  - 9: Not documented in medical record
  - Serum Beta-2 Microglobulin Pretreatment Level not assessed or unknown if assessed

Another edit, Serum Beta2-Microglobulin Pretreatment Level, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.



**Serum Beta-2 Microglobulin Pretreatment Level, Schema ID, Required (MCR/NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**Serum Beta-2 Microglobulin Pretreatment Level, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/09/2019 14:31:17

*Edit Tag* MA2933***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Serum Beta-2 Microglobulin Pretreatment Level is coded (not blank) for the Schema IDs for which it is required by a standard setter. Schema Discriminator 1 is required to identify a plasma cell myeloma diagnosis eligible for RISS staging.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00821: Plasma Cell Myeloma:

Schema Discriminator 1 is not blank

If Schema Discriminator 1 = 0, Serum Albumin Pretreatment Level

is

not blank.

If Schema Discriminator 1 = 1 or 9, Serum Albumin Pretreatment

Level

must be blank.

**Sex (SEER Sex)*****Administrative Notes***

New edit - NAACCR v18 metafile

NAACCR v18A metafile:

- Description, logic updated to require Schema Discriminator 1 must not be blank
- Description updated to require SSDI must be blank for Schema ID 00821, Schema Discriminator 1 = 1 or 9

18C: MCR modification is to apply the logic for the Serum SSDI 2019+ instead of 2018+. I did the best I could with the error messaging. The Schema Discriminator is required 2018+ but that is checked by another edit.

**Sex (SEER Sex)**

Agency: SEER

Last changed: 03/22/2016

Edit Tag N0012

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must have a valid Sex code (1-6,9).

Codes

- 1 Male
- 2 Female
- 3 Other (intersex, disorders of sexual development/DSD). The word hermaphrodite formally classified under this code is an outdated term.
- 4 Transsexual, NOS
- 5 Transsexual, natal male
- 6 Transsexual, natal female
- 9 Not stated/unknown

***Administrative Notes***

Modifications

NAACCR v15

- Updated code 4 to Transsexual, NOS
- Added code 5 Transsexual, natal male
- Added code 6 Transsexual, natal female

NAACCR V16

-Updated code 3 Other (intersex, disorders of sexual development/DSD). The word hermaphrodite formally classified under this code is an outdated term.

**Sex, Primary Site (SEER IF17)**

Agency: SEER

Last changed: 10/04/2016

**Social Security Number, Date of Diagnosis (COC)***Edit Tag* N0013***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Primary Site codes C510-C589 (female genital organs) are invalid for Sex codes 1 (male), and 9 (not stated/unknown).

Primary Site codes in the range C600-C639 (male genital organs) are invalid for Sex codes 2 (female), and 9.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF17

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v14

Edit updated to not allow Sex code 9 (not stated/unknown) with Primary Site codes C510-C589 (female genital organs) and C600-C639 (male genital organs).

NAACCR v16

Edit does not allow code 5 (Transsexual; natal male) for female genital organs or code 6 (Transsexual; natal female) for male genital organs.

NAACCR v16B

- Description and edit logic changes made for V16 removed. Edit DOES allow code 5 (Transsexual; natal male) for female genital organs and code 6 (Transsexual; natal female) for male genital organs.

**Social Security Number, Date of Diagnosis (COC)**

Agency: COC

Last changed: 01/18/2010

*Edit Tag* N0400***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Date of Diagnosis is blank.

**Spanish/Hispanic Origin (SEER SPANORIG)**

If Year of Date of Diagnosis is greater than 1995, Social Security Number cannot be blank.

***Administrative Notes***

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

**Spanish/Hispanic Origin (SEER SPANORIG)**

Agency: SEER

Last changed: 09/20/2004

Edit Tag N0014

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid Spanish/Hispanic Origin code (0-9).

**SS2000, TNM M c,p pre2016 (MCR/NAACCR)**

Agency: NONE

Last changed: 12/21/2018 14:43:27

Edit Tag MA2533

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any is true:

year of Date of Diagnosis is not 2014-2015

DCO (Type of Reporting Source = 7)

benign or borderline (ICD-O-3 Behavior = 0,1)

Summary Stage 2000 is blank or 8

TNM Path M and TNM Clin M are both blank or both 88

Over-ride SS/TNM-M is set (= 1)

TNM Path M has precedence over TNM Clin M as follows: if TNM Path M is empty or equal to X or pX or 88 and TNM Clin M is not empty and equal to any value other than X or cX or 88, then TNM Clin M is used.

The following combinations of SEER Summary Stage 2000 and TNM M are usually wrong and will produce an error. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/TNM-M coded to 1.

**SS2000, TNM M c,p pre2016 (MCR/NAACCR)**

1. SEER Summary Stage 2000 = [0 (in situ), 1 (localized), 3 (regional lymph nodes), or 9 (unknown)] and TNM M = 1, c1 or p1 (distant mets)

The following combinations of SEER Summary Stage 2000 and TNM M are often wrong and will produce a warning. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/TNM-M coded to 1.

1. SEER Summary Stage 2000 = [2 (regional direct extension), 4 (regional nodes and direct extension), or 5 (regional, NOS)] and TNM M = 1, c1 or p1 (distant mets)

2. SEER Summary Stage 2000 = 7 (distant metastases) and TNM M = 0 or c0 (no distant mets)

- There are some common exceptions to this rule. These exceptions are for the following sites and they will not generate warnings:  
C000, C011, C021, C079, C099, C119, C180-C189, C199, C250-C259, C340-C349, C384, C541, C569, C570, C670-C679, and C680

**Additional Information:**

Most of the time, a discrepancy between SEER Summary Stage 2000 and the M code in TNM will indicate a coding error in one of the two data items. Check the coding of each field carefully and correct any errors. Occasionally, however, there may be a legitimate discrepancy, most likely due to differences in the time period rules used to code the two items. SEER Summary Stage 2000 has been variously coded using all information available within 2 months of diagnosis or within 4 months of diagnosis. AJCC rules for TNM often stipulate specific test results to be included in coding for clinical and pathological staging separately, and relates time periods of coding to the initiation of therapy. Rules are provided for each primary site. Registries may differ in which rules were used, and when they were used. Ascertain the time period rules used by the registry at the time the case was collected, and verify that the appropriate time period rules were used to code the data items involved. If the discrepancy remains, set the Over-ride SS/TNM-M flag to 1 to indicate that the case is correct as coded.

***Administrative Notes*****Modifications:**

NAACCR v11.2

11/2007

A warning is no longer generated for the combination of SEER Summary Stage 2000 of 7 (distant metastases) and TNM M code of 0 for the following sites:

C000, C011, C021, C079, C099, C119, C180-C189, C199, C250-C259,  
C340-C349, C384, C541, C569, C570, C670-C679, and C680

(A warning is still generated for all other sites.)

NAACCR v12.0

- Fixed logic to handle increase in size of TNM M from 2 to 4 characters

v15:

The MCR modification is to skip pre-2014 diagnoses.

**SS2000, TNM N c,p pre2016 (MCR/NAACCR)**

v16: MCR modification runs on 2014 and 2015 diagnoses only, with mixed bag of c and p codes being present or absent. Underlying source edit is "SS2000, TNM M c,p pre2016(NAACCR)".

**SS2000, TNM N c,p pre2016 (MCR/NAACCR)**

Agency: NONE

Last changed: 12/21/2018 14:43:46

*Edit Tag* MA2534***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any is true:

- year of Date of Diagnosis is not 2014-2015
- DCO (Type of Reporting Source = 7)
- benign or borderline (ICD-O-3 Behavior = 0,1)
- Summary Stage 2000 is blank or > 4 (only codes 0-4 are used)
- TNM Path N and Clin N are both blank or both 88
- Over-ride SS/TNM-N is set (= 1)

TNM Path N has precedence over TNM Clin N as follows: if TNM Path N is empty or equal to X or pX or 88 and TNM Clin N is not empty and equal to any value other than X or cX or 88, then TNM Clin N is used.

The following combinations of SEER Summary Stage 2000 and TNM N are usually wrong and require review. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/TNM-N set to 1.

1. SEER Summary Stage 2000 = [0 (in situ) or 1 (localized) or 2 (regional direct extension)] and TNM N code = 1-4, c1-c4 or p1-p4 (regional nodes involved)
2. SEER Summary Stage 2000 = [3 (regional lymph nodes) or 4 (regional direct extension and nodes)] and TNM N code = 0, c0 or p0 (no regional nodes involved)

**Additional Information:**

Most of the time, a discrepancy between SEER Summary Stage 2000 and the N code in TNM will indicate a coding error in one of the two data items. Check the coding of each field carefully and correct any errors. Occasionally, however, there may be a legitimate discrepancy, most likely due to differences in the time period rules used to code the two items. SEER Summary Stage 2000 has been variously coded using all information available within 2 months of diagnosis or within 4 months of diagnosis. AJCC rules for TNM often stipulate specific test results to be included in coding for clinical and pathological staging separately, and relates time periods of coding to the initiation of therapy. Rules are provided for each primary site. Registries may differ in which rules were used, and when they were used. Ascertain the time period rules used by the registry at the time the case was collected, and verify that the appropriate time period rules were used to code the data items involved. If the discrepancy remains, set the Over-ride SS/TNM-N flag to 1 to indicate that the case is correct as coded.

**SSDI Extranodal Extension non-H&N, Blank for Other Schemas (NAACCR)*****Administrative Notes***

Modifications:

NAACCR v12.0

- Fixed logic to handle increase in size of TNM N from 2 to 4 characters

NAACCR v14

- Removed print function (used for debugging) from edit logic

v15:

The MCR modification is to skip pre-2014 diagnoses.

v16: MCR modification runs on 2014 and 2015 diagnoses only, with mixed bag of c and p codes being present or absent. Underlying source edit is "SS2000, TNM N c,p pre2016 (NAACCR)". Codes for N4 are valid for ocular adnexal lymphomas in AJCC 7th Edition codes.

## **SSDI Extranodal Extension non-H&N, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 04/15/2018 17:55:36

*Edit Tag* N4015

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the Site-Specific Data Items Extranodal Extension Clin (non-Head and Neck) and Extranodal Extension Path (non-Head and Neck) are blank for schemas for which they are not collected. These SSDIs are collected for Merkel Cell (Schema ID 00460) and Penis (Schema ID 00570).

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank.

If Schema ID is not 00460 (Merkel Cell) and 00570 (Penis), the following Site-Specific Data Items must be blank:

Extranodal Extension Clin (non-Head and Neck)  
Extranodal Extension Path (non-Head and Neck)

**SSDI FIGO Stage, Blank for Other Schemas (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI FIGO Stage, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 04/15/2018 18:03:19

*Edit Tag* N4017***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the Site-Specific Data Item FIGO Stage is blank for schemas for which it is not collected. This SSDI is collected for gynecologic schemas: Vulva (Schema ID 00500), Vagina (Schema ID 00510), Cervix (Schema ID 00520), Corpus (Schema IDs 00530, 00541, 00542), Ovary (Schema ID 00551), Fallopian Tube (Schema ID 00552), Primary Peritoneal Carcinoma (Schema ID 00553), Placenta (Schema ID 00560).

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00500 (Vulva), 00510 (Vagina), 00520 (Cervix), 00530 (Corpus Carcinoma), 00541 (Corpus Sarcoma), 00542 (Corpus Adenosarcoma), 00551 (Ovary), 00552 (Fallopian Tube), 00553 (Primary Peritoneal Carcinoma), or 00560 (Placenta), the following Specific Data Item must be blank:

FIGO Stage

***Administrative Notes***

New edit - NAACCR v18 metafile



SSDI for Appendix &amp; Colorectal, Blank for Other Schemas (NAACCR)

# SSDI for Appendix & Colorectal, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 05/26/2018 21:33:32

*Edit Tag N3997*

## *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

## *Description*

This edit verifies that Site-Specific Data Items that are defined for Appendix Carcinoma (Schema ID 00190) and Colon and Rectum (Schema ID 00200) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank.

If Schema ID is not 00190 (Appendix Carcinoma) or 00200 (Colon and Rectum), the following Site-Specific Data Items must be blank:

- CEA Pretreatment Interpretation
- CEA Pretreatment Lab Value

If Schema ID is not 00200 (Colon and Rectum), the following Site-Specific Data Items must be blank:

- Circumferential Resection Margin (CRM)
- KRAS
- Microsatellite Instability (MSI)
- Tumor Deposits

NOTE: Perineural Invasion, also collected for Colon and Rectum, is included in another edit.

**SSDI for Bone, Blank for Other Schemas (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI for Bone, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 05/26/2018 17:02:53

*Edit Tag* N3999***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Site-Specific Data Items that are defined for Bone (Schema IDs 00381, 00382, and 00383) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank.

If Schema ID is not 00381 (Bone Appendicular Skeleton), 00382 (Bone Spine), or 00383 (Bone Pelvis), the following Site-Specific Data Item must be blank:

Percent Necrosis Post Neoadjuvant

***Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI for Brain,CNS, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 05/26/2018 21:21:56

*Edit Tag* N4010

**SSDI for Breast, Blank for Other Schemas (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Site-Specific Data Items that are defined for Brain (Schema ID 00721) and CNS Other (Schema ID 00722) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank.

If Schema ID is not 00721 (Brain) or 00722 (CNS Other), the following Site-Specific Data Items must be blank:

Brain Molecular Markers  
Chromosome 1p: Loss of Heterozygosity (LOH)  
Chromosome 19q: Loss of Heterozygosity (LOH)  
Methylation of O6-Methylguanine-Methyltransferase

***Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI for Breast, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 04/15/2018 15:37:39

*Edit Tag* N3990

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Site-Specific Data Items that are defined for Breast (Schema ID 00480) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.

**SSDI for Corpus Uteri, Blank for Other Schemas (NAACCR)**

b.Schema ID is blank or 00480.

If Schema ID is not 00480 (Breast), the following Site-Specific Data Items must be blank:

Estrogen Receptor Percent Positive or Range  
 Estrogen Receptor Summary  
 Estrogen Receptor Total Allred Score  
 HER2 IHC Summary  
 HER2 ISH Dual Probe Copy Number  
 HER2 ISH Dual Probe Ratio  
 HER2 ISH Single Probe Copy Number  
 HER2 ISH Summary  
 HER2 Overall Summary  
 Ki-67  
 LN Positive Axillary Level I-II  
 Multigene Signature Method  
 Multigene Signature Results  
 Oncotype Dx Recurrence Score-DCIS  
 Oncotype Dx Recurrence Score-Invasive  
 Oncotype Dx Risk Level-DCIS  
 Oncotype Dx Risk Level-Invasive  
 Progesterone Receptor Percent Positive or Range  
 Progesterone Receptor Summary  
 Progesterone Receptor Total Allred Score  
 Response to Neoadjuvant Therapy

***Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI for Corpus Uteri, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 05/26/2018 17:03:11

*Edit Tag* N4004

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Site-Specific Data Items that are defined for Corpus

**SSDI for Esophagus, Blank for Other Schemas (NAACCR)**

Carcinoma (Schema ID 00530), Corpus Sarcoma (Schema ID 00541), and Corpus Adenosarcoma (Schema ID 00542) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00530 (Corpus Carcinoma), 00541 (Corpus Sarcoma) or 00542 (Corpus Adenosarcoma), the following Site-Specific Data Items must be blank:

Number of Positive Para-Aortic Nodes  
Number of Examined Para-Aortic Nodes  
Number of Positive Pelvic Nodes  
Number of Examined Pelvic Nodes  
Peritoneal Cytology

NOTE: FIGO Stage, also collected for these schemas, is included in another edit

***Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI for Esophagus, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 04/15/2018 15:51:22

*Edit Tag* N3996

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Site-Specific Data Items that are defined for Esophagus and GE Junction (Squamous) (Schema ID 00161) are blank (not coded) for all other schemas.

**SSDI for GIST, Blank for Other Schemas (NAACCR)**

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank or 00161.

If Schema ID is not 00161 (Esophagus and GE Junction (Squamous)), the following Site-Specific Data Item must be blank:

Esophagus and EGJ Tumor Epicenter

***Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI for GIST, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 04/15/2018 15:15:59

*Edit Tag* N4001

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Site-Specific Data Items that are defined for GIST (Schema ID 00430) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank or 00430.

If Schema ID is not 00430 (GIST), the following Site-Specific Data Item must be blank:

KIT Gene Immunohistochemistry

**SSDI for Head & Neck, Blank for Other Schemas (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI for Head & Neck, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 08/14/2018 20:45:41

*Edit Tag* N3995***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Site-Specific Data Items that are defined for Head and Neck schemas (see list of Schema IDs below) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank.

If Schema ID is not 00060 (Cervical Nodes, Unknown Primary) or 00140 (Melanoma Head and Neck), the following Site-Specific Data Items must be blank:

- LN Head and Neck Levels I-III
- LN Head and Neck Levels IV-V
- LN Head and Neck Levels VI-VII
- LN Head and Neck Other

If Schema ID is not 00071 (Lip)  
00072 (Tongue Anterior)  
00073 (Gum)  
00074 (Floor of Mouth)  
00075 (Palate Hard)  
00076 (Buccal Mucosa)  
00077 (Mouth Other)  
00100 (Oropharynx p16+)  
00111 (Oropharynx p16-)  
00112 (Hypopharynx)

the following SSDI item must be blank:

- SEER Site-Specific Fact 1

if Schema ID is not 00060 (Cervical Nodes, Unknown Primary)

**SSDI for Head & Neck, Blank for Other Schemas (NAACCR)**

00071 (Lip)  
 00072 (Tongue Anterior)  
 00073 (Gum)  
 00074 (Floor of Mouth)  
 00075 (Palate Hard)  
 00076 (Buccal Mucosa)  
 00077 (Mouth Other)  
 00080 (Major Salivary Glands)  
 00090 (Nasopharynx)  
 00100 (Oropharynx p16+)  
 00111 (Oropharynx p16-)  
 00112 (Hypopharynx)  
 00121 (Maxillary Sinus)  
 00122 (Nasal Cavity and Ethmoid Sinus)  
 00130 (Larynx Other)  
 00131 (Larynx Supraglottic)  
 00132 (Larynx Glottic)  
     00133 (Larynx Subglottic)  
 00140 (Melanoma Head and Neck)

the following Site-Specific Data Items musts be blank:

Extranodal Extension Head and Neck Clinical  
 Extranodal Extension Head and Neck Pathological

If Schema ID is not 00060 (Cervical Nodes, Unknown Primary)

00071 (Lip)  
 00072 (Tongue Anterior)  
 00073 (Gum)  
 00074 (Floor of Mouth)  
 00075 (Palate Hard)  
 00076 (Buccal Mucosa)  
 00077 (Mouth Other)  
 00080 (Major Salivary Glands)  
 00090 (Nasopharynx)  
 00100 (Oropharynx p16+)  
 00111 (Oropharynx p16-)  
 00112 (Hypopharynx)  
 00121 (Maxillary Sinus)  
 00122 (Nasal Cavity and Ethmoid Sinus)  
 00130 (Larynx Other)  
 00131 (Larynx Supraglottic)  
 00132 (Larynx Glottic)  
     00133 (Larynx Subglottic)  
 00140 (Melanoma Head and Neck)  
 00150 (Cutaneous Carcinoma Head and Neck)

the following Site-Specific Data Item must be blank:

LN Size



**SSDI for HemeRetic, Blank for Other Schemas (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI for HemeRetic, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 07/21/2018 16:30:42

*Edit Tag* N4013***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Site-Specific Data Items that are defined for HemeRetic (Schema ID 00830) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank or 00830.

If Schema ID is not 00830 (HemeRetic), the following Site-Specific Data Item must be blank:

JAK2

***Administrative Notes***

New edit - NAACCR v18 metafile

SSDI for Kidney, Blank for Other Schemas (NAACCR)

**SSDI for Kidney, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 04/15/2018 15:06:08

*Edit Tag* N3993***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Site-Specific Data Items that are defined for Kidney Parenchyma (Schema ID 00600) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank or 00600.

If Schema ID is not 00600 (Kidney Parenchyma), the following Site-Specific Data Items must be blank:

Invasion Beyond Capsule  
Ipsilateral Adrenal Gland Involvement  
Major Vein Involvement  
Sarcomatoid Features

***Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI for Lacrimal Gland, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 04/15/2018 16:25:45

*Edit Tag* N4009***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

**SSDI for Liver & Biliary, Blank for Other Schemas (NAACCR)**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

**Description**

This edit verifies that Site-Specific Data Items that are defined for Lacrimal Gland (Schema ID 00690) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank or 00690.

If Schema ID is not 00690 (Lacrimal Gland), the following Site-Specific Data Item must be blank:

Adenoid Cystic Basaloid Pattern

NOTE: Perineural Invasion, also collected for this schema, is included in another edit

**Administrative Notes**

New edit - NAACCR v18 metafile

**SSDI for Liver & Biliary, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 05/26/2018 17:03:45

Edit Tag N3994

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit verifies that Site-Specific Data Items that are defined for Liver (Schema ID 00220), Intrahepatic Bile Duct (Schema ID 00230), and Bile Duct Perihilar (Schema ID 00250) are blank (not coded) for all other schemas.

**SSDI for Lung & Pleura, Blank for Other Schemas (NAACCR)**

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank.

If Schema ID is not 00220 (Liver), the following Site-Specific Data Items must be blank:

AFP Pretreatment Interpretation  
AFP Pretreatment Lab Value  
Bilirubin Pretreatment Total Lab Value  
Bilirubin Pretreatment Unit of Measure  
Creatinine Pretreatment Lab Value  
Creatinine Pretreatment Unit of Measure  
International Normalized Ratio Prothrombin Time

If Schema ID is not 00220 (Liver) or 00230 (Intrahepatic Bile Duct), the following Site-Specific Data Item must be blank:

Fibrosis Score

if Schema ID is not 00230 (Intrahepatic Bile Duct), the following Site-Specific Data Item must be blank:

Tumor Growth Pattern

If Schema ID is not 00230 (Intrahepatic Bile Duct) or 00250 (Bile Duct Perihilar), the following Site-Specific Data Item must be blank:

Primary Sclerosing Cholangitis

***Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI for Lung & Pleura, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 04/15/2018 15:15:26

*Edit Tag* N3998

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

**SSDI for Lymphoma, Blank for Other Schemas (NAACCR)**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

**Description**

This edit verifies that Site-Specific Data Items that are defined for Lung (Schema ID 00360) and Pleural Mesothelioma (Schema ID 00370) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank.

If Schema ID is not 00360 (Lung), the following Site-Specific Data Items must be blank:

Separate Tumor Nodules  
Visceral and Parietal Pleural Invasion

If Schema ID is not 00370 (Pleural Mesothelioma), the following Site-Specific Data Item must be blank:

Pleural Effusion

**Administrative Notes**

New edit - NAACCR v18 metafile

**SSDI for Lymphoma, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 05/26/2018 17:03:56

Edit Tag N4011

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit verifies that Site-Specific Data Items that are defined for Lymphoma (Schema ID 00790) and Lymphoma CLL/SLL (Schema ID 00795) are blank (not coded)

**SSDI for Mycosis Fungoides, Blank for Other Schemas (NAACCR)**  
for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank.

If Schema ID is not 00790 (Lymphoma) and 00795 (Lymphoma, CLL/SLL), the following Site-Specific Data Items must be blank:

B Symptoms  
HIV Status  
NCCN International Prognostic Index (IPI)

If Schema ID is not 00795 (Lymphoma,CLL/SLL), the following Site-Specific Data Items must be blank:

Adenopathy  
Anemia  
Lymphocytosis  
Organomegaly  
Thrombocytopenia

### ***Administrative Notes***

New edit - NAACCR v18 metafile

## **SSDI for Mycosis Fungoides, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 07/21/2018 16:30:57

*Edit Tag* N4018

### ***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

**SSDI for Ophthalmic Melanoma, Blank for Other Schemas (NAACCR)**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

**Description**

This edit verifies that Site-Specific Data Items that are defined for Mycosis Fungoides (Schema ID 00811) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank or 00811.

If Schema ID is not 00811 (Mycosis Fungoides), the following Site-Specific Data Item must be blank:

Peripheral Blood Involvement

**Administrative Notes**

New edit - NAACCR v18 metafile

**SSDI for Ophthalmic Melanoma, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 05/26/2018 17:04:05

Edit Tag N4007

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit verifies that Site-Specific Data Items that are defined for Conjunctival Melanoma (Schema ID 00660) and Uveal Melanoma (Schema IDs 00671 and 00672) are blank (not coded) for all other schemas.

**SSDI for Ovary, Fallopian Tube, Primary Peritoneal, Blank for Other Schemas (NAACCR)**

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00660 (Conjunctival Melanoma), 00671 (Melanoma of Iris), and 00672 (Melanoma of Choroid and Ciliary Body), the following Site-Specific Data Item must be blank:

Measured Thickness

If Schema ID is not 00671 (Melanoma of Iris) and 00672 (Melanoma of Choroid and Ciliary Body), the following Site-Specific Data Items must be blank:

Chromosome 3 Status  
Chromosome 8q Status  
Extravascular Matrix Patterns  
Measured Basal Diameter  
Microvascular Density  
Mitotic Count Uveal Melanoma

***Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI for Ovary, Fallopian Tube, Primary Peritoneal, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 07/21/2018 16:31:10

*Edit Tag* N4005

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Site-Specific Data Items that are defined for Ovary (Schema ID 00551, Fallopian Tube (Schema ID 00552), and Primary Peritoneal Carcinoma (Schema ID 00552) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:



**SSDI for Placenta, Blank for Other Schemas (NAACCR)**

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank.

If Schema ID is not 00551 (Ovary), 00552 (Fallopian Tube), or 00553 (Primary Peritoneal Carcinoma), the following Site-Specific Data Items must be blank:

CA-125 Pretreatment Interpretation  
Residual Tumor Volume Post Cytoreduction

NOTE: FIGO Stage, also collected for these schemas, is included in another edit

***Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI for Placenta, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 04/15/2018 16:26:19

*Edit Tag* N4006

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Site-Specific Data Items that are defined for Placenta (Schema ID 00560) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank or 00560.

If Schema ID is not 00560 (Placenta), the following Site-Specific Data Item must be blank:

Gestational Trophoblastic Prognostic Scoring Index

**SSDI for Plasma Cell Myeloma, Blank for Other Schemas (NAACCR)**

NOTE: FIGO Stage, also collected for this schema, is included in another edit

***Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI for Plasma Cell Myeloma, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 05/26/2018 17:04:23

*Edit Tag* N4012

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Site-Specific Data Items that are defined for Plasma Cell Myeloma (Schema ID 00821) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank or 00821.

If Schema ID is not 00821 (Plasma Cell Myeloma), the following Site-Specific Data Items must be blank:

- High Risk Cytogenetics
- Serum Albumin Pretreatment Level
- Serum Beta-2 Microglobulin Pretreatment Level

NOTE: LDH Pretreatment level, also collected for this schema, is included in another edit.

**SSDI for Prostate, Blank for Other Schemas (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI for Prostate, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 05/08/2019 20:00:53

*Edit Tag* N3991

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Site-Specific Data Items that are defined for Prostate (Schema ID 00580) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank or 00580.

If Schema ID is not 00580 (Prostate), the following Site-Specific Data Items must be blank:

Gleason Patterns Clinical  
Gleason Patterns Pathological  
Gleason Score Clinical  
Gleason Score Pathological  
Gleason Tertiary Pattern  
Number of Cores Examined  
Number of Cores Positive  
PSA (Prostatic Specific Antigen) Lab Value

***Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI for Retinoblastoma, Blank for Other Schemas (NAACCR)**

## Modifications

NAACCR v18D

- Description, logic updated, check on Prostate Pathological Extension removed from edit

**SSDI for Retinoblastoma, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 04/15/2018 16:22:35

*Edit Tag* N4008***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Site-Specific Data Items that are defined for Retinoblastoma (Schema ID 00680) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank or 00680.

If Schema ID is not 00680 (Retinoblastoma), the following Site-Specific Data Item must be blank:

Heritable Trait

***Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI for Skin, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 08/14/2018 20:46:14

*Edit Tag* N4002

**SSDI for Skin, Blank for Other Schemas (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Site-Specific Data Items that are defined for Cutaneous Squamous Cell Carcinoma of Head and Neck (Schema ID 00150), Merkel Cell (Schema ID 00460) and Melanoma of Skin (Schema ID 00470), and are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank.

If Schema ID is not 00150 (Cutaneous Squamous Cell Carcinoma Head and Neck), the following Site-Specific Data Item must be blank:

High Risk Histologic Features

If Schema ID is not 00460 (Merkel Cell), the following Site-Specific Data Items must be blank:

LN Isolated Tumor Cells (ITC)  
Profound Immune Suppression

If Schema ID is not 00470 (Melanoma of Skin), the following Site-Specific Data Items must be blank:

Breslow Tumor Thickness  
LDH Pretreatment Lab Value  
LDH Upper Limits of Normal  
Mitotic Rate Melanoma  
Ulceration

NOTE: LN Size and Perineural Invasion, also collected for Cutaneous Carcinoma of Head and Neck, are included in other edits.

NOTE: Extranodal Extension Clin (non-Head and Neck) and Extranodal Extension Path (non-Head and Neck), also collected for Merkel Cell, are included in another edit.

NOTE: LDH Pretreatment Level, also collected for Melanoma of Skin, is included in another edit.

**SSDI for Soft Tissue, Blank for Other Schemas (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI for Soft Tissue, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 05/26/2018 17:04:31

*Edit Tag* N4000

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Site-Specific Data Items that are defined for Soft Tissues (Schema IDs 00400, 00410, 00421, 00422, 00440, and 00450) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank.

If Schema ID is not 00400 (Soft Tissues Head and Neck)  
00410 (Soft Tissues Trunk and Extremities)  
00421 (Soft Tissues Abdomen and Thorax)  
00422 (Heart, Mediastinum, Pleura)  
00440 (Soft Tissues Retroperitoneum)  
00450 (Soft Tissues Other)

the following Site-Specific Data Item must be blank:

Bone Invasion

***Administrative Notes***

New edit - NAACCR v18 metafile

SSDI for Testis, Blank for Other Schemas (NAACCR)

**SSDI for Testis, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 04/15/2018 15:05:06

*Edit Tag* N3992***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Site-Specific Data Items that are defined for Testis (Schema ID 00590) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a.Date of Diagnosis is before 2018, blank, invalid.
- b.Schema ID is blank or 00590.

If Schema ID is not 00590 (Testis), the following Site-Specific Data Items must be blank:

- AFP Post-Orchiectomy Lab Value
- AFP Post-Orchiectomy Range
- AFP Pre-Orchiectomy Lab Value
- AFP Pre-Orchiectomy Range
- hCG Post-Orchiectomy Lab Value
- hCG Post-Orchiectomy Range
- hCG Pre-Orchiectomy Lab Value
- hCG Pre-Orchiectomy Range
- LDH Post-Orchiectomy Range
- LDH Pre-Orchiectomy Range
- S Category Clinical
- S Category Pathological

***Administrative Notes***

New edit - NAACCR v18 metafile

SSDI for Vulva, Vagina, Cervix, Blank for Other Schemas (NAACCR)

# SSDI for Vulva, Vagina, Cervix, Blank for Other Schemas (NAACCR)

Agency: NAACCR

Last changed: 05/26/2018 17:04:46

*Edit Tag* N4003

## *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

## *Description*

This edit verifies that Site-Specific Data Items that are defined for Vulva (Schema ID 00500), Vagina (Schema ID 00510), and Cervix (Schema ID 00520) are blank (not coded) for all other schemas.

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00500 (Vulva), the following Site-Specific Data Item must be blank:

LN Laterality

If Schema ID is not 00500 (Vulva), 00510 (Vagina), or 00520 (Cervix), the following Site-Specific Data Items must be blank:

LN Assessment Method Femoral-Inguinal  
LN Assessment Method Para-aortic  
LN Assessment Method Pelvic  
LN Status Femoral-Inguinal, Para-aortic, Pelvic

If Schema ID is not 00510 (Vagina) or 00520 (Cervix), the following Site-Specific Data Items must be blank:

LN Distant Assessment Method  
LN Distant: Mediastinal, Scalene

NOTE: FIGO Stage, also collected for these schemas, is included in another edit



**SSDI LDH Pretreatment Level, Blank for Other Schemas (NAACCR)*****Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI LDH Pretreatment Level, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 05/26/2018 17:04:54

*Edit Tag* N4016***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the Site-Specific Data Item LDH Pretreatment Level is blank for schemas for which it is not collected. This SSDI is collected for Melanoma of Skin (Schema ID 00470) and Plasma Cell Myeloma (Schema ID 00821).

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00470 (Melanoma of Skin) and 00821 (Plasma Cell Myeloma), the following Site-Specific Data Item must be blank:

LDH Pretreatment Level

***Administrative Notes***

New edit - NAACCR v18 metafile

**SSDI Perineural Invasion, Blank for Other Schemas (NAACCR)**

Agency: NAACCR

Last changed: 08/18/2018 09:20:38

**SSDIs, Benign Brain and CNS (NAACCR)***Edit Tag N4014****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the Site-Specific Data Item Perineural Invasion is blank for schemas for which it is not collected. This SSDI is collected for Cutaneous Carcinoma of Head and Neck (Schema ID 00150), Colon and Rectum (Schema ID 00200), Skin of Eyelid (Schema ID 00640), and Lacrimal Gland (Schema ID 00690).

This edit is skipped for any of the following conditions:

- a. Date of Diagnosis is before 2018, blank, invalid.
- b. Schema ID is blank.

If Schema ID is not 00150 (Cutaneous Carcinoma of Head and Neck), 00200 (Colon and Rectum), 00640 (Skin of Eyelid), and 00690 (Lacrimal Gland), the following Site-Specific Data Item must be blank:

Perineural Invasion

***Administrative Notes***

New edit - NAACCR v18 metafile

**SSDIs, Benign Brain and CNS (NAACCR)**

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

*Edit Tag N6077****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that SSDIs for Brain and CNS are coded consistently

**Summ Stg 2000, Site, Hist ICDO3, Class (NAACCR)**

with Behavior ICD-O-3 codes 0 and 1 (benign and borderline).

1. The edit is skipped for the following conditions:
  - a. Diagnosis date is less than 2019, blank (unknown), or invalid.
  - b. Behavior Code ICD-O-3 is blank.
  - c. Schema ID not = 00721 or 00722
3. If Chromosome 1p: Loss of Heterozygosity (LOH) is coded 6 (Benign or borderline tumor),  
Behavior Code ICD-O-3 must = 0 (benign) or 1 (borderline).
4. If Chromosome 19q: Loss of Heterozygosity (LOH) is coded 6 (Benign or borderline tumor),  
Behavior Code ICD-O-3 must = 0 (benign) or 1 (borderline).
5. If Methylation of O6-Methylguanine-Methyltransferase is coded 6 (Benign or borderline tumor),  
Behavior Code ICD-O-3 must = 0 (benign) or 1 (borderline).
6. If Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline),  
Chromosome 1p: Loss of Heterozygosity (LOH) must be coded 6 (benign or borderline) or 8 (not applicable), or blank
7. If Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline),  
Chromosome 19q: Loss of Heterozygosity (LOH) must be coded 6 (benign or borderline) or 8 (not applicable), or blank
8. If Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline),  
Methylation of O6-Methylguanine-Methyltransferase must be coded 6 (benign or  
borderline) or 8 (not applicable), or blank

***Administrative Notes***

New edit - NAACCR v18C metafile

**Summ Stg 2000, Site, Hist ICDO3, Class (NAACCR)**

Agency: NAACCR

Last changed: 11/01/2016

Edit Tag N1617

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank; it is also skipped if Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline).

If case is death certificate only (Class of Case = 49) then SEER Summary Stage 2000 must = 9.

**Summ Stg 2000, Site, Hist ICDO3, Class (NAACCR)**

This edit allows a SEER Summary Stage 2000 code of 0-5, 7, 9 for all Primary Sites and Histologic Type ICD-O-3 codes with the following exceptions:

Kaposi Sarcoma of All Sites

(M-9140)

Allowable values: 1-4, 7, 9

Hodgkin and Non-Hodgkin Lymphoma of All Sites

[M-9590-9699, 9702-9729, 9735, 9738, 9811-9818, 9837] (excluding C441, C690, C695-C696)

[M-9823, 9827] [excluding C420, C421, C424, C441, C690, C695-C696 (see Hematopoietic group for these primary sites) ]

Allowable values: 1, 5, 7, 9 with the following exception:

If primary site is C77.8, then SEER Summary Stage 2000 must not=1

Lymphoma Ocular Adnexa

C441, C690, C695-C696

M-9590-9699, 9702-9738, 9811-9818, 9820-9837

Allowable values: 1, 5, 7, 9

Multiple Myeloma and Plasma Cell Neoplasms of All Sites

[M-9731, 9732, 9734] (Excluding C441, C690, C695-C696)

M-9731 - Allowable values: 1, 7, 9

M-9732 - Allowable value: 7

M-9734 - Allowable values: 1, 5, 7, 9

Hematopoietic and Myeloproliferative Neoplasms of All Sites

M-9740, 9750-9752, 9755-9758, 9930

Allowable values: 1, 7, 9

M-9764

If diagnosis year is less than 2010: Allowable values: 1, 7, 9

If diagnosis year = 2010 or later: Allowable values: 7

M-9731-9992 for all sites not included in the above lymphoma and multiple myeloma groups

Allowable value: 7

Heart, Mediastinum

C380-C383, C388

Allowable values: 1-5, 7, 9

Pleura

C384

Allowable values: 1-5, 7, 9

Other and Ill-Defined Respiratory Sites and Intrathoracic Organs

C390, C398-C399

Allowable values: 1-5, 7, 9

Bones, Joints, and Articular Cartilage

C400-C403, C408-C409, C410-C414, C418-C419

Allowable values: 1-5, 7, 9

Mycosis Fungoides and Sezary Disease of Skin, Vulva, Penis, Scrotum

C440-C449, C510-C512, C518-C519, C600-C601, C608-C609, C632

(M-9700-9701)

Allowable values: 1-5, 7, 9

**Summ Stg 2000, Site, Hist ICDO3, Class (NAACCR)**

Peripheral Nerves and Autonomic Nervous System; Connective, Subcutaneous, and Other Soft Tissues

C470-C476, C478-C479, C490-C496, C498-C499

Allowable values: 1-5, 7, 9

Retroperitoneum and Peritoneum

C480-C482, C488

Allowable values: 1-5, 7, 9

Retinoblastoma

C692, C699

(M-9510-9514)

Allowable values: 1-5, 7, 9

Brain and Cerebral Meninges

C700, C710-C719

Allowable values: 1, 5, 7, 9

Other Parts of Central Nervous System

C701, C709, C720-C725, C728-C729

Allowable values: 1, 5, 7, 9

Pituitary Gland, Craniopharyngeal Duct, Pineal Gland

C751-C753

Allowable values: 0-2, 5, 7, 9

Breast

C500-C509

If Histologic Type ICD-O-3 = 8530 (inflammatory carcinoma), then SEER Summary Stage 2000 must only = 2,4, 5, 7, or 9.

Otherwise SEER Summary Stage 2000 must = 0-5, 7, or 9.

Other and Ill-Defined Sites, Unknown Primary Site

C760-C765, C767-C768, C809, C42 and C77

- excluding 9140, 9590-9596, 9650-9699, 9702-9719, 9727-9729, 9731-9992

Allowable values: 9

***Administrative Notes***

Modifications:

NAACCR v11.1A

02/2007

Deleted: "If Histologic Type ICD-O-3 is in the range of 8800-9055, 9110-9136, 9141-9508, or 9520-9582, then SEER Summary Stage 2000 must not = 0."

(These histology ranges are now allowed to be coded with a behavior of 2 (in situ) in the edit "Morphology--Type/Behavior ICDO3 (SEER MORPH)" as long as the case has been reviewed and the Over-ride Histology flag has been set to 1 or 3.)

NAACCR v12.0:

- DCO is identified by Class of Case 49 instead of code 8.

NAACCR v12.2A

- Description and logic modified for Hodgkin and Non-Hodgkin Lymphoma, Lymphoma Ocular Adnexa, Multiple Myeloma and Plasma Cell Neoplasms, and Hematopoietic and Myeloproliferative Neoplasms.

EditWriter 5

1197

10/17/2019 02:45 PM

**Summary Stage 2000 (NAACCR)**

- Added more descriptive error messages

**NAACCR v16B**

- Corrected Description and Edit Logic for Breast, histology 8530, Inflammatory carcinoma: valid codes for Summary Stage 2000 are 2,4,5,7, or 9 (1 and 3 no longer valid)
- Updated Description and Edit Logic to allow 9811-9818, 9837 with primary site codes C420,C421, and C424 to be coded as either hematopoietic or lymphoid malignancy, according to agreement reached between SEER and COC. (Valid Summary Stage codes for lymphoma include valid codes for hematopoietic malignancy.)

**NAACCR v16D**

- Error message corrected for C700-C729

## Summary Stage 2000 (NAACCR)

Agency: NAACCR

Last changed: 02/10/2015

*Edit Tag* N0438***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This field is allowed to be blank because the item was not required until 2001. Another edit (Summary Stage 2000, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is 2001-2003 or 2015 or later. Central registries should include both edits in their edit set.

Must be a valid SEER Summary Stage 2000 code (0-5, 7-9) or blank.

***Administrative Notes***

Modifications

**NAACCR v15**

- Updated description: "Another edit (Summary Stage 2000, Date of Diagnosis) verifies that this item is not blank if the year of Date of Diagnosis is 2001-2003 or 2015 or later."

## Summary Stage 2000, Date DX, Date 1st Cont (NAACCR)

Agency: NAACCR

Last changed: 05/17/2018 12:10:44

*Edit Tag* N0501***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Summary Stage 2000, Date of Diagnosis (NAACCR)****Description**

If year of Date of Diagnosis is 2001-2003 or 2015 or later , then SEER Summary Stage 2000 cannot be blank. However, if the Date of Diagnosis is blank (unknown), then the of Date of 1st Contact is checked. If the year of Date of 1st Contact is 2001-2003 or 2015 or later, then SEER Summary Stage 2000 cannot be blank.

This edit is skipped if Date of Diagnosis is 2018 or greater or Date of 1st Contact is 2018 or greater.

**Administrative Notes**

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v15

- Modified to require SEER Summary Stage 2000 if Date of Diagnosis is blank, but Date of 1st Contact is 2015 or later

NAACCR v18

- Name changed, parenthesis added at end

- Description, logic modified to skip if date of diagnosis >= 2018 or date of 1st contact >= 2018.

**Summary Stage 2000, Date of Diagnosis (NAACCR)**

Agency: NAACCR

Last changed: 05/26/2018 20:57:00

Edit Tag N0437

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if Date of Diagnosis is blank or invalid.

If year of Date of Diagnosis is 2001-2003 or 2015 through 2017, SEER Summary Stage 2000 cannot be blank.

If year of Date of Diagnosis is 2018+, SEER Summary Stage 2000 must be blank.

**Summary Stage 2000, Over-ride CS 20 (NPCR)*****Administrative Notes***

Modifications:

NAACCR v12.0

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

NAACCR v15

- Updated to require SEER Summary Stage 2000 for cases diagnosed 2015 and later

NAACCR v18

- Description, logic updated to require Summary Stage 2000 for cases diagnosed 2015 through 2017, to require that Summary Stage 2000 be blank for 2018+

**Summary Stage 2000, Over-ride CS 20 (NPCR)**

Agency: CS

Last changed: 12/01/2011

*Edit Tag* N1594

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

For diagnosis year 2012 and later, NPCR permits the use of Directly Coded Summary Stage (SEER Summary Stage 2000 [759]) in those cases where collection of CSv02 is not feasible due to lack of data or due to staffing and time constraints at the local or central registry. The data item 'Over-ride CS 20' is used to flag a case where SEER Summary Stage 2000 is permitted in lieu of Derived SS2000 [3020]. When 'Over-ride CS 20' is equal to '1', SEER Summary Stage 2000 must be populated (not blank). The CS input fields may be populated, but are not required. When 'Over-ride CS 20' is blank, the Collaborative Stage input fields must be populated per NPCR requirements and SEER Summary Stage 2000 may also be populated, but is not required.

Please note that another edit, "CS Over-ride CS 20, Date of Diagnosis" verifies that Over-ride CS 20 is blank for pre-2012 cases.

If Over-ride CS 20 is '1', then SEER Summary Stage 2000 [759] cannot be blank.

***Administrative Notes***

New edit - added to NAACCR v12.2 metafile.

**Summary Stage 2000, Regional Nodes Pos (NAACCR)**

Agency: NAACCR

Last changed: 04/30/2007

*Edit Tag* N0483



**Summary Stage 2000, Regional Nodes Pos (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if either SEER Summary Stage 2000 or Regional Nodes Positive is blank.

If Over-ride SS/NodesPos = 1 or if SEER Summary Stage 2000 is greater than 4, the edit is skipped.

The following combinations of SEER Summary Stage 2000 and Regional Nodes Positive are usually wrong and will produce an error. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/NodesPos coded to 1.

1. SEER Summary Stage 2000 equals 0 (in situ) and Regional Nodes Positive equals 01-97
2. SEER Summary Stage 2000 equals 1 (localized) and Regional Nodes Positive equals 01-97
3. SEER Summary Stage 2000 equals 2 (regional by direct extension only) and Regional Nodes Positive equals = 01-97
4. SEER Summary Stage 2000 equals 3 (regional to lymph nodes only) and Regional Nodes Positive equals 00
5. SEER Summary Stage 2000 equals 4 (both regional by direct extension and regional to lymph nodes) and Regional Nodes Positive equals 00

The following combinations of SEER Summary Stage 2000 and Regional Nodes Positive are often wrong and will produce a warning. If, upon review, the combination is found to be accurate, it may be left as coded and the Over-ride SS/NodesPos coded to 1.

1. SEER Summary Stage 2000 equals 3 (regional to lymph nodes only) and Regional Nodes Positive equals 99
2. SEER Summary Stage 2000 equals 4 (both regional by direct extension and regional to lymph nodes) and Regional Nodes Positive equals 99

**Additional Information:**

Most of the time, a discrepancy between SEER Summary Stage 2000 and Regional Nodes Positive will indicate a coding error in one of the two data items. Check the coding of each field carefully and correct any errors. Occasionally, however, there may be a legitimate discrepancy, most likely due to differences in the time period rules used to code the two items. SEER Summary Stage 2000 has been variously coded using all information available within 2 months of diagnosis or within 4 months of diagnosis. SEER rules for collection of Regional Nodes Positive included a 2-month time period rule until 1998 when a 4-month rule was implemented. ROADS instructions for Regional Nodes Positive specify to record lymph nodes removed as part of the first course of therapy. Registries may differ in which

**Summary Stage 2000, TNM M 2016 (NAACCR)**

rules were used, and when they were used. Ascertain the time period rules used by the registry at the time the case was collected, and verify that the appropriate time period rules were used to code the data items involved. If the discrepancy remains, set the Over-ride SS/NodesPos flag to 1 to indicate that the case is correct as coded.

**Summary Stage 2000, TNM M 2016 (NAACCR)**

Agency: NAACCR

Last changed: 07/30/2016

*Edit Tag N2343****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is to be used for cases collected 2016 and later.

TNM Path M has precedence over TNM Clin M as follows: The edit checks TNM Path M if it does not equal blank or "88". If TNM Path M = blank or "88", the edit checks TNM Clin M if it does not equal blank, or "88".

This edit is skipped under the following conditions:

1. Diagnosis date is less than 2016, blank (unknown), or invalid.
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. SEER Summary Stage 2000 is blank
5. TNM Path M and TNM Clin M are both blank, both = 88.

TNM Path M has precedence over TNM Clin M as follows: The edit checks TNM Path M if it does not equal blank or "88". If TNM Path M = blank or "88", the edit checks TNM Clin M if it does not equal blank, or "88".

The following combinations of SEER Summary Stage 2000 and TNM M are usually wrong and will produce an error.

1. SEER Summary Stage 2000 equals 0 (in situ) and TNM M code equals p1 or c1
2. SEER Summary Stage 2000 equals 1 (localized) and TNM M code equals p1 or c1
3. SEER Summary Stage 2000 equals 9 (unknown) and TNM M code = p1 or c1

***Administrative Notes***

New edit for v16 metafile.

**Modifications**

NAACCR v16A

- Default error message changed from 1002 to 1005
- Skip for Over-ride deleted from Description

**Summary Stage 2000, TNM N 2016 (NAACCR)**

- The description and edit logic were modified for NAACCR v16 to not compare SEER Summary Stage codes 2, 3, 4, 5, and 7 with TNM M codes. The pre-2016 versions of the edit, SS2000, TNM M c,p pre-2016 (NAACCR) and Summary Stage 2000, TNM M (NAACCR), do edit combinations of Summary Stage codes 2, 3, 4, 5, and 7 with TNM M codes. These edits include warnings and over-rides to allow correctly coded combinations of Summary Stage and TNM codes, removed from this edit, to pass.

**Summary Stage 2000, TNM N 2016 (NAACCR)**

Agency: NAACCR

Last changed: 05/19/2018 11:05:11

*Edit Tag N2221****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is to be used for cases collected 2016 and later.

TNM Path N has precedence over TNM Clin N as follows: The edit checks TNM Path N if it does not equal blank, "pX", or "88". If TNM Path N = blank, "pX", or "88", the edit checks TNM Clin N if it does not equal blank, "cX", or "88". The edit passes if TNM Path N = "pX" and TNM Clin N = "cX".

This edit is skipped under the following conditions:

1. Diagnosis date is less than 2016, blank (unknown), or invalid.
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. SEER Summary Stage 2000 is blank
5. TNM Path N and TNM Clin N are both blank, both = 88.

TNM Path N has precedence over TNM Clin N as follows: The edit checks TNM Path N if it does not equal blank, "pX", or "88". If TNM Path N = blank, "pX", or "88", the edit checks TNM Clin N if it does not equal blank, "cX", or "88". The edit passes if TNM Path N = "pX" and TNM Clin N = "cX".

The following combinations of SEER Summary Stage 2000 and TNM N are incorrect and require review.

1. SEER Summary Stage 2000 equals 0 (in situ) and TNM N code equals c1-c3 or p1-p3
2. SEER Summary Stage 2000 equals 1 (localized) and TNM N code equals c1-c3 or p1-p3
3. SEER Summary Stage 2000 equals 2 (regional by direct extension only) and TNM N code equals c1-c3 or p1-p3

The following TNM site/histology groups/Path N codes are exceptions to the above and will not generate errors:

Chapter 14: Colon and Rectum

TNM Path N = p1C (tumor deposits)

**Summary Stage 2018 (NAACCR)**

Chapter 31: Melanoma of the Skin

TNM Path N = p2C (satellite nodules)

Chapter 30: Merkel Cell Carcinoma

TNM Path N = p2 (in transit metastases)

Chapter 52: Retinoblastoma

TNM Path N = p2 (distant nodes)

Chapter 55: Ocular Adnexal Lymphoma

TNM Path N = p3 or p4 (codes indicating distant nodes)

***Administrative Notes***

New edit for v16 metafile. Modification of Summary Stage 2000, TNM N (NAACCR), to allow c and p

**Modifications****NAACCR v16A**

- Edit logic updated to skip for Type of Reporting Source = 7, Behavior Code ICD-O-3 = 0 or 1
- c4, p4 removed from logic checking TNM Path values with Summary Stage 2000
- Skip for Over-ride deleted from Description and Edit Logic
- Description and edit logic modified to pass for specific N values coded for site/histology groups where cN or pN is assigned for involvement other than regional nodes.
- Description and edit logic updated to not compare SEER Summary Stage 2000 codes 3 and 4 with TNM N codes. SEER extent of disease assignment may conflict with TNM Path T assignment for example in cases with clinically positive nodes but pathologically negative nodes after neoadjuvant treatment. The pre-2016 versions of the edit, SS2000, TNM N c,p pre2016 (NAACCR) and Summary Stage 2000, TNM N (NAACCR) compare SEER Summary Stage 2000 3 and 4 with TNM codes. These edits do not include the exceptions noted for this edit, and they include over-rides for the checks with SS2000 3 and 4 that have been removed from this edit.

**NAACCR v16B**

- Reference to Over-ride removed from edit description.

**Summary Stage 2018 (NAACCR)**

Agency: NAACCR

Last changed: 04/28/2018 19:35:12

*Edit Tag* N2812

**Summary Stage 2018, Behavior Code ICDO3 (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid Summary Stage 2018 code (0-4, 7-9) or blank.

This field is allowed to be blank because the item was not required before 2018. Other edits verify that the data item is reported according to standard setter requirements by date of diagnosis.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Summary Stage 2018, Behavior Code ICDO3 (NAACCR)**

Agency: NAACCR

Last changed: 07/30/2019 14:34:47

*Edit Tag* N5000

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks that Summary Stage 2018 is coded 8 for benign brain tumors.  
This edit checks that Summary Stage 2018 is coded 0 for in situ tumors.

1. This edit is skipped for any of the following conditions:
  - a. Diagnosis date is pre-2018, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. Summary Stage 2018 is blank
  - d. Behavior Code ICD-O-3 is blank
  - e. Type of Reporting Source = 7 (death certificate only)
2. If Schema ID = 00721, 00722, or 00723 and Behavior Code ICD-O-3 = 0 or 1, then Summary Stage 2018 must = 8.
3. If Schema ID = 00721, 00722, or 00723, if Summary Stage 2018 = 8, then Behavior Code ICD-O-3 must = 0 or 1.
4. If Schema ID not = 00721, 00722, or 00723, and Behavior Code ICD-O-3 = 0 or 1, then Summary Stage must = 9.
5. If Behavior Code ICD-O-3 = 2, then Summary Stage 2018 must = 0.

**Summary Stage 2018, Date of DX (NAACCR)**

6. If Behavior Code ICD-O-3 = 3, then Summary Stage 2018 must not = 0.

***Administrative Notes***

New edit - NAACCR v18C metafile

**Modifications****NAACCR v18D**

- Description, logic updated to include if Behavior Code ICD-O-3 = 3, Summary Stage 2018 must not = 0.
- Description, logic updated, edit skipped if Type of Reporting Source = 7 (death certificate only)
- Description, logic updated, edit skipped if Diagnosis Date is pre-2018 rather than pre-2019.

**Summary Stage 2018, Date of DX (NAACCR)**

Agency: NAACCR

Last changed: 04/18/2018 20:51:52

*Edit Tag* N2830

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The purpose of this edit is to verify that directly assigned Summary Stage 2018 is entered (not blank) for cases diagnosed 2018 and later.

This edit is skipped if year of Date of Diagnosis is blank or invalid.

1. If year of Date of Diagnosis is pre-2018, then Summary Stage 2018 must be blank.
2. If year of Date of Diagnosis is 2018+, then Summary Stage 2018 must not be blank.

***Administrative Notes***

New edit - NAACCR v18 metafile

This edit differs from the SEER edit of the same name in requiring Summary Stage 2018 be entered for cases diagnosed 2018 and later.

**Summary Stage 2018, EOD (SEER)**

Agency: SEER

Last changed: 08/28/2019 23:42:27

EditWriter 5

1206

10/17/2019 02:45 PM

**Summary Stage 2018, EOD (SEER)****Edit Tag N5029****Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

1. This edit is skipped for any of the following conditions:
  - a. Diagnosis date is less than 2019, blank (unknown), or invalid.
  - b. Summary Stage 2018 is blank
  - c. EOD Primary Tumor, EOD Regional Nodes, EOD Mets are blank.
2. If Summary Stage 2018 is 8 (Benign), EOD Primary Tumor must = 050.
3. If Summary Stage 2018 is 0 (in situ), EOD Primary Tumor must = 000 if Schema ID = 00200; EOD Primary Tumor must = 000 or 050 if Schema ID = 00190; EOD Primary Tumor must = 000, 050, or 070 for all other Schema IDs.
4. If Summary Stage 2018 is 1 (localized), 2 (regional by direct extension) or 4 (regional by direct extension and nodes), EOD Primary Tumor must not = 000 if Schema ID = 00200 or 00480; EOD Primary Tumor must not = 000 or 050 if Schema ID = 00190; EOD Primary Tumor must not = 000, 050, or 070 for all other Schema IDs.
5. If Summary Stage 2018 is 0 (in situ), 1, 2, or 8, EOD Regional Nodes must = 000, 030, 050, 070, 888, 987, or 999 (excluding 00811).
6. If Summary Stage 2018 is 3 (regional to lymph nodes) or 4, EOD Regional Nodes must not = 000, 050, 070, 888, 987, or 999 (excluding 00811).
6. If Summary Stage 2018 is 0, 1, 2, 3, 4, or 8, EOD Mets must = 00, 05, or 88.
7. If EOD Mets = 10, 20, 30, 40, 50, 60, 70, Summary Stage 2018 must = 7.

**Administrative Notes**

New edit - NAACCR v18C metafile

## Modifications

## NAACCR v18D

- Description, edit logic corrected, if Summary Stage 2018 = 0, EOD Primary Tumor must = 000 for Schema ID 00200, must = 000 or 050 for Schema ID 00190. If Summary Stage 2018 = 1, 2, or 4, EOD Primary Tumor must not = 000 for Schema ID 00200 and 00480, must not = 000 or 050 for Schema ID 00190.

Summary Stage 2018, Regional Nodes Positive (MCR/NAACCR)

## Summary Stage 2018, Regional Nodes Positive (MCR/NAACCR)

Agency: NONE

Last changed: 10/15/2019 14:30:45

Edit Tag MA6104

### Edit Sets

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### Description

This edit checks that Summary Stage 2018 is not coded in-situ, localized, or regional-direct extension when any Regional Nodes were Positive.

1. This edit is skipped for any of the following conditions:
  - a. Diagnosis date is pre-2018, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. Summary Stage 2018 is blank
  - d. Regional Nodes Positive is blank
2. If Regional Nodes Positive = 01-97, Summary Stage 2018 must not = 0, 1, 2

### Administrative Notes

New edit - NAACCR v18C metafile

MCR modifications are to remove an erroneous reference to benign cases from the description, to skip the edit on pre-2018 diagnoses instead of pre-2019, and to change the order of fields for the error message. (In 18D, the NAACCR edit corrected the error message and removed the 'benign' reference from the description.)

## Summary Stage 2018, Schema ID (NAACCR)

Agency: SEER

Last changed: 08/14/2018 20:47:42

Edit Tag N4900

### Edit Sets

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |



**Summary Stage 2018, Schema ID (NAACCR)**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

**Description**

1. This edit is skipped for any of the following conditions:
  - a. Diagnosis date is pre-2018, blank (unknown), or invalid
  - b. Schema ID is blank
  - c. Summary Stage 2018 is blank

2. This edit checks that Summary Stage 2018 is correct by Schema ID. The data item may be blank because it was not required before 2018.

The allowable values for Summary Stage 2018 are 0, 1, 2, 3, 4, 7, and 9 for all Schema IDs except for those listed below. The sites and histologies for each schema are listed in the edit \_SYS Schema ID, Primary Site, Histology, Behavior (NAACCR).

00060 Cervical Lymph Nodes and Unknown Primary

Summary Stage 2018:

3, 7, 9

00370 Pleural Mesothelioma

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00381 Bone Appendicular

00382 Bone Spine

00383 Bone Pelvis

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00400 Soft Tissues Head and Neck

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00410 Soft Tissue Trunk and Extremities

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00421 Soft Tissue Abdomen and Thorax

00422 Heart, Mediastinum, Pleura

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00440 Retroperitoneum

Summary Stage 2018:

1, 2, 3, 4, 7, 9

**Summary Stage 2018, Schema ID (NAACCR)**

00450 Soft Tissue Other

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00458 Kaposi Sarcoma

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00541 Corpus Sarcoma

00542 Corpus Adenosarcoma

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00680 Retinoblastoma

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00700 Orbital Sarcoma

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00710 Lymphoma Ocular Adnexa

Summary Stage 2018:

1, 2, 3, 4, 7, 9

00721 Brain and Spinal Cord

00722 CNS Other

Summary Stage 2018:

1, 2, 7, 8, 9

00723 Intracranial Gland

Summary Stage 2018:

0, 1, 2, 7, 8, 9

00790 Lymphoma

00795 Lymphoma-CLL/SLL

Summary Stage 2018:

1, 2, 7, 9

00811 Mycosis Fungoides

00812 Primary Cutaneous Lymphomas (excluding MF and SS)

Summary Stage 2018:

1, 2, 3, 4, 7, 9

**Surgery Rad, Phase I Rad Surg (SEER)**

00821 Plasma Cell Myeloma  
 00822 Plasma Cell Disorder

Summary Stage 2018:  
 1, 3, 7, 9

00830 HemeRetic  
 Summary Stage 2018:  
 1, 7, 9

99999 Ill-Defined Other  
 Summary Stage 2018:  
 9

**Administrative Notes**

New edit - NAACCR v18 metafile

**Surgery Rad, Phase I Rad Surg (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N4929

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

1. This edit is skipped for the following conditions:
  - a. Any of the three surgery code fields (RX Summ--Surg Prim Site, RX Summ--Scope Reg LN Sur, RX Summ--Surg Oth Reg/Dis) is blank.
  - b. Diagnosis date < 2019.

If surgery was performed and if radiation was given (Phase I Radiation Treatment Modality = 01-16), then RX Summ--Surg/Rad Seq must specify sequence (codes 2-7, 9). Surgery is considered "performed" if ANY of the following three conditions are true:

1. RX Summ--Surg Prim Site = 10-90
2. RX Summ--Scope Reg LN Sur:
  - For cases diagnosed prior to 2012:
    - 1-7
  - For cases diagnosed 2012 or later:
    - 1
    - 2 (only if Regional Nodes Examined = 01-98)
    - 3-7
3. RX Summ--Surg Oth Reg/Dis = 1-5

If [surgery was not performed or no radiation was given (Phase I Radiation

**Surgery, Rad, Surg/Rad Seq (COC)**

Treatment Modality = 00), then RX Summ--Surg/Rad Seq must specify no (0). Surgery is considered "not performed" if ALL of the following three conditions are true:

1. RX Summ--Surg Prim Site = 00
2. RX Summ--Scope Reg LN Sur:  
     For cases diagnosed prior to 2012:  
         0  
     For cases diagnosed 2012 or later:  
         0 (for all cases)  
         2 (only if Regional Nodes Examined = 00 or 99)
3. RX Summ--Surg Oth Reg = 0

**Administrative Notes**

New edit - NAACCR v18C metafile

**Surgery, Rad, Surg/Rad Seq (COC)**

Agency: COC

Last changed: 08/26/2019 19:01:31

Edit Tag N0423

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if any of the surgery fields are blank.

A. If surgery was performed and if radiation was given (Reason No Radiation = 0), then RX

Summ--Surg/Rad Seq must

specify sequence (codes 2-7, 9). Surgery is considered "performed" if ANY of the following three

conditions are true:

1. RX Summ--Surg Prim Site = 10-90
2. RX Summ--Scope Reg LN Sur:  
     For cases diagnosed prior to 2012:  
         1-7  
     For cases diagnosed 2012 or later:  
         1  
         2 (only if Regional Nodes Examined = 01-98)  
         3-7
3. RX Summ--Surg Oth Reg/Dis = 1-5

B. If surgery was not performed or no radiation was given (Reason for No Radiation = 1,2,5-7), then RX Summ--Surg/Rad Seq must specify no (0).

Surgery is considered "not performed" if ALL of the following three conditions are true:

**Surgery, Rad, Surg/Rad Seq (COC)**

1. RX Summ--Surg Prim Site = 00
2. RX Summ--Scope Reg LN Sur:  
     For cases diagnosed prior to 2012:  
         0  
     For cases diagnosed 2012 or later:  
         0 (for all cases)  
         2 (only if Regional Nodes Examined = 00 or 99)
3. RX Summ--Surg Oth Reg = 0

C. Surgery is also considered not performed if ALL of the following three conditions are true:

1. RX Summ--Surg Prim Site = 98 (coded for hematopoietic, ill-defined and unknown sites)
2. RX Summ--Scope Reg LN Sur: 9
3. RX Summ--Surg Oth Reg = 0

***Administrative Notes***

Modifications:

**NAACCR v12.2**

- Added code 7 to list of codes indicating surg/rad sequence.
- Reworked parentheses in edit logic.

**NAACCR v12.2C**

- Modified so that definition of "surgery performed" for RX Summ--Scope Reg LN Sur is 1-7 for cases diagnosed pre-2012, and 1, 2 (only if Regional Nodes Examined = 01-98), 3-7, for cases diagnosed 2012 and later. This is because code 2, as of 2012, can mean that a SLNBx was attempted but the patient failed to map and no nodes were removed.
- When determining whether surgery was "not performed", RX Summ--Scope Reg LN Sur codes of 0 (for all years of diagnosis) and 2 (for cases diagnosed 2012 and later with Reg Nodes Examined of 00 or 99) are considered "no regional lymph node surgery".
- Codes indicating surgery of other regional or distant sites corrected: changed from RX Summ--Surg Oth Reg codes 1-8 to 1-5.

**NAACCR v18**

- Edit modified to skip if invalid diagnosis date rather than return error message.
- Edit modified to check on Reason for No Radiation = 0 for radiation given

**NAACCR v18C**

- Description updated to read ALL instead of ANY for condition C
- Description, logic modified to change Reason for No Radiation = 0 to = 1,2,5-9 in condition B
- Admin Note for v18 modified, "check on Phase I Radiation Primary Treatment Volume = 01-99" deleted. Edit only checks on Reason for No Radiation = 0 for radiation given

**Surgery, Reason No Surg (COC)**

NAACCR v18D

- Description, logic updated, codes for Reason No Radiation indicating radiation not administered changed to 1, 2, 5-7

**Surgery, Reason No Surg (COC)**

Agency: COC

Last changed: 02/27/2007

*Edit Tag* N0424***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the fields are blank.

If surgery of the primary site was performed (RX Summ--Surg Prim Site = 10-90), Reason for No Surgery must = 0 (surgery performed).

If surgery of the primary site was not performed (RX Summ--Surg Prim Site = 00 or 98, Reason for No Surgery must not = 0 (surgery performed).

If RX Summ--Surg Prim Site = 99 (unknown), Reason for No Surgery cannot be 0 (surgery performed).

***Administrative Notes***

Modifications:

NAACCR v11.1

02/2007

Added the following check: If RX Summ--Surg Prim Site = 99 (unknown), Reason for No Surgery cannot be 0 (surgery performed).

**Surgery, RX Date Surgery, ICDO3 (COC)**

Agency: COC

Last changed: 11/20/2018 11:06:48

*Edit Tag* N1606***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Surgery, RX Date Surgery, ICDO3 (COC)****Description**

This edit is skipped if any of the following conditions is true:

1. Date of Diagnosis is blank or > 2018
2. Histologic Type ICD-O-3 is blank
3. Both RX Date Surgery and RX Date Surgery Flag are blank, indicating the date was intentionally not collected.
4. RX Summ--Surg Prim Site is blank
5. RX Summ--Scope Reg LN Sur is blank
6. RX Summ--Surg Oth Reg/Dis is blank
7. Date of Diagnosis = 2018 and Histologic Type ICD-O-3 = 9702-9992.

This edit compares the three surgery code fields (RX Summ--Surg Prim Site, RX Summ--Scope Reg LN Sur, RX Summ--Surg Oth Reg/Dis) against the date of first surgical procedure (RX Date Surgery) and corresponding date flag (RX Date Surgery Flag). If any of the three surgery code fields indicate that surgery was performed, then the flag may = either 10 (unknown if any surgical procedure was performed) or 12 (surgical procedure performed, but date is unknown) for pre-2012 cases or 12 for 2012+ cases. (Note: Date flag codes 10 and 12 were sometimes used interchangeably for pre-2012 cases due to conversion limitations. For cases diagnosed 2012 and later, the codes must be used correctly.) If all of the three fields show that no surgery was performed, then the flag must = 11 (no surgical procedure performed).

The edit works as follows:

1. If surgery was performed and RX Date Surgery is blank, then RX Date Surgery Flag field must indicate why the date is blank.
  - If year of Date of Diagnosis is < 2012, then RX Date Surgery Flag may = 10 or 12
  - If year of Date of Diagnosis is 2012 or later, then RX Date Surgery Flag must = 12.

Surgery is considered "performed" if any of the following three conditions are true:

1. RX Summ--Surg Prim Site = 10-90
2. RX Summ--Scope Reg LN Sur = 1-7 for cases diagnosed prior to 2012  
For cases diagnosed 2012 or later:  
RX Summ--Scope Reg LN Sur = 1  
2 (only if Regional Nodes Examined = 01-98)  
3-7
3. RX Summ--Surg Oth Reg/Dis = 1-5

2. If surgery was not performed, then RX Date Surgery Flag must = 11. Surgery is considered

"not performed" if all of the following three conditions are true:

1. RX Summ--Surg Prim Site = 00 (none) or 98 (not applicable)
2. RX Summ--Scope Reg LN Sur = 9 (not applicable) for the following:
  - a. Primaries of the meninges, brain, spinal cord, cranial nerves, and other parts of the central nervous system (Primary Site = C700-C729)
  - b. If year of Date of Diagnosis < 2010:  
Lymphomas (Histologic Type ICD-O-3 = 9590-9699,

**Surgery, RX Date Surgery, ICDO3 (COC)**

9702-9729) with a lymph node primary site (Primary Site = C770-C779)

- c. If year of Date of Diagnosis is 2010 or later:  
Lymphomas (Histologic Type ICD-O-3 = 9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948, 9971) with a lymph node primary site (Primary Site = C770-C779)
- d. If year of Date of Diagnosis < 2010:  
Hematopoietic, reticuloendothelial, immunoproliferative, and myeloproliferative neoplasms (Primary Site = C420, C421, C423, or C424 or Histologic Type ICD-O-3 = 9750, 9760-9764, 9800-9820, 9826, 9831-9920, 9931-9964, 9980-9989)
- e. If year of Date of Diagnosis is 2010 or later:  
Hematopoietic, reticuloendothelial, immunoproliferative, and myeloproliferative neoplasms (Primary Site = C420, C421, C423, or C424 or Histologic Type ICD-O-3 = 9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, 9975-9992)
- f. Unknown or ill-defined primary site
  - i. If year of Date of Diagnosis < 2018 Primary site = C760-C768, C809
  - ii. If year of Date of Diagnosis = 2018: C761-C768, C809, and Schema ID = 99999 and C760 )

RX Summ--Scope Reg LN Sur = 2 (if diagnosed 2012 or later and Regional Nodes Examined = 00 or 99)

RX Summ--Scope Reg LN Sur = 0 (none) for all other cases

3. RX Summ--Surg Oth Reg/Dis = 0 (none)

**Administrative Notes****Modifications:****NAACCR v12.0**

- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.

- Changed list of hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease histologies that expect RX

Summ--Scope Reg LN Sur of 9:

-- For cases diagnosed prior to 2010, codes remain the same.

-- For cases diagnosed 2010+, histology codes:

9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992

- Changed list of lymphoma histologies that expect RX Summ--Scope Reg LN Sur of 9 when sited to lymph nodes:

-- For cases diagnosed prior to 2010, codes remain the same.

-- For cases diagnosed 2010+, histology codes:

9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948 and 9971

**NAACCR v12.2**

- Edit modified to only allow specific date flag codes for cases diagnosed 2012 and later.

**NAACCR v12.2C**

EditWriter 5

1216

10/17/2019 02:45 PM



**Surgery, RX Date Surgery, Schema ID (COC)**

- Modified so that definition of "surgery performed" for RX Summ--Scope Reg LN Sur is 1-7 for cases diagnosed pre-2012, and 1, 2 (only if Regional Nodes Examined = 01-98), 3-7 for cases diagnosed 2012 and later. This is because code 2, as of 2012, can mean that a SLNBx was attempted but the patient failed to map and no nodes were removed.
- When determining whether surgery was "not performed", RX Summ--Scope Reg LN Sur code 2 (for cases diagnosed 2012 and later with Reg Nodes Examined = 00 or 99) added to conditions considered "no regional lymph node surgery".
- Codes indicating surgery of other regional or distant sites corrected: changed from 1-8 to 1-5.

**NAACCR v13**

- Edit name changed from 'Surgery, RX Date--Surgery ICDO3 (COC)' to 'Surgery, RX Date Surgery ICDO3 (COC)'.
- Field name "RX Date--Surgery" changed to "RX Date Surgery".
- Field name "RX Date--Surgery Flag" changed to "RX Date Surgery Flag".
- Corrected description: when referencing lymph node primary sites, "C700-C779" changed to "C770-C779"; logic was correct.
- Corrected logic: added C760-C768 to list of primary site codes for which scope of regional lymph node surgery is coded to 9.

**NAACCR v13A**

- Corrected edit logic to check hematopoietic code range of "9980-9989" instead "9980-9992" for pre-2010 cases. (Note: Histology codes 9991 and 9992, if entered for pre-2010 cases, would fail the edit Morphology--Type/Behavior ICDO3 (SEER Morph)).
- Updated description: change "and/or" to "or".

**NAACCR v18A**

- Failure on invalid date changed to skip
- Added skip for diagnosis date > 2018 and histologic type ICD-O-3 = 9702-9992
- Exception for sites with RX Summ--Scope Reg LN Sur coded 9 split between 2009-2017 and 2018, with Schema ID 99999 added to identify C760 as ill-defined primary site for 2018

**NAACCR v18C**

- Description, logic modified to pass if year of diagnosis > 2018

**Surgery, RX Date Surgery, Schema ID (COC)**

Agency: COC

Last changed: 04/03/2019 14:28:04

*Edit Tag N5021****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Surgery, RX Date Surgery, Schema ID (COC)****Description**

This edit verifies that surgery fields, by Schema ID and/or Primary Site, are coded consistently with surgery date fields.

This edit is skipped if any of the following conditions is true:

1. Date of Diagnosis is blank and less than 2019.
2. Schema ID is blank
3. Both RX Date Surgery and RX Date Surgery Flag are blank, indicating the date was intentionally not collected.
4. RX Summ--Surg Prim Site is blank
5. RX Summ--Scope Reg LN Sur is blank
6. RX Summ--Surg Oth Reg/Dis is blank.

This edit compares the three surgery code fields (RX Summ--Surg Prim Site, RX Summ--Scope Reg LN Sur, RX Summ--Surg Oth Reg/Dis) against the date of first surgical procedure (RX Date Surgery) and corresponding date flag (RX Date Surgery Flag). If any of the three surgery code fields indicate that surgery was performed, then the flag must = 12. If all of the three fields show that no surgery was performed, then the flag must = 11 (no surgical procedure performed).

The edit works as follows:

1. If surgery was performed and RX Date Surgery is blank, then RX Date Surgery Flag field must

indicate why the date is blank.

- RX Date Surgery Flag must = 12.

Surgery is considered "performed" if any of the following three conditions are true:

1. RX Summ--Surg Prim Site = 10-90
2. RX Summ--Scope Reg LN Sur = 1
  - 2 (only if Regional Nodes Examined = 01-98)
  - 3-7
3. RX Summ--Surg Oth Reg/Dis = 1-5

2. If surgery was not performed, then RX Date Surgery Flag must = 11. Surgery is considered

"not performed" if all of the following three conditions are true:

1. RX Summ--Surg Prim Site = 00 (none) or 98 (not applicable)
2. RX Summ--Scope Reg LN Sur = 9 (not applicable) for the following Schema IDs:

00721 Brain

00722 CNS Other

00723 Intracranial Gland

00790 Lymphoma, C770-C779 only

00795 Lymphoma CLL/SLI, C770-C779 only

00821 Plasma Cell Myeloma

00822 Plasma Cell Disorders (excluding 9734)

00830 HemeRetic

99999 Ill-Defined Other (excluding C422)

Any with Primary Site code = C420, C421, C423, C424, C700-C709,  
C710-C729, C751-C753, C761-C768, C770-C779, C809

RX Summ--Scope Reg LN Sur = 2 (if Regional Nodes Examined = 00 or 99)

**Systemic RX, Surgery, Systemic/Sur Seq (COC)**

RX Summ--Scope Reg LN Sur = 0 (none) for all other cases

3. RX Summ--Surg Oth Reg/Dis = 0 (none)

**Administrative Notes**

New edit - NAACCR v18C metafile

**Systemic RX, Surgery, Systemic/Sur Seq (COC)**

Agency: COC

Last changed: 02/12/2013

Edit Tag N0759

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if any of the fields are blank.

1. If surgery was performed AND if systemic therapy was given, then RX Summ--Systemic/Sur Seq must specify a sequence (codes 2-7, 9).

A. Surgery is considered performed if ANY of the following three conditions are true:

1. RX Summ--Surg Prim Site = 10-90
2. RX Summ--Scope Reg LN Sur:
  - For cases diagnosed prior to 2012:
    - 1-7
  - For cases diagnosed 2012 or later:
    - 1
    - 2 (only if Regional Nodes Examined = 01-98)
    - 3-7
3. RX Summ--Surg Oth Reg/Dis = 1-5

B. Systemic therapy is considered performed if ANY of the following four conditions are true:

1. RX Summ--BRM = 01
2. RX Summ--Chemo = 01-03
3. RX Summ--Hormone = 01
4. RX Summ--Transplnt/Endocr = 10-40

2. If surgery was not performed OR there was no systemic therapy, then RX Summ--Systemic/Sur Seq must = 0 (no systemic therapy and/or surgical procedures).

A. Surgery is considered not performed if ALL of the following conditions are true:

1. RX Summ--Surg Prim Site = 00
2. RX Summ--Scope Reg LN Sur:
  - For cases diagnosed prior to 2012:

**Systemic RX, Surgery, Systemic/Sur Seq (COC)**

0

For cases diagnosed 2012 or later:

0 (for all cases)

2 (only if Regional Nodes Examined 00 or 99)

3. RX Summ--Surg Oth Reg = 0

B. Surgery is also considered not performed if ALL of the following conditions are true:

1. RX Summ--Surg Prim Site = 98 (coded for hematopoietic, ill-defined and unknown sites)

2. RX Summ--Scope Reg LN Sur: 9

3. RX Summ--Surg Oth Reg = 0

C. Systemic therapy is considered not performed if ALL of the following four conditions are true:

1. RX Summ--BRM = 00, 82-88

2. RX Summ--Chemo = 00, 82-88

3. RX Summ--Hormone = 00, 82-88

4. RX Summ--Transplnt/Endocr = 00, 82-88

**Administrative Notes**

In the SEER\*Edits software, the title of this edit is: IF160

**Modifications:**

NACR110C

09/06/06

The edit was updated to treat systemic treatment (RX Summ--BRM, RX Summ--Chemo, RX Summ--Hormone, and RX Summ--Transplnt/Endocr) code 88 (recommended, but unknown if administered) the same as the code 00 (none).

NACR111

09/2006

The name of the data item RX Summ--Systemic Sur Seq was changed to RX Summ--Systemic/Sur Seq.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12.2

- Added code 7 to list of codes indicating systemic/surg sequence.

- Reworked parentheses in edit logic.

NAACCR v12.2C

- Modified so that definition of "surgery performed" for RX Summ--Scope Reg LN Sur is 1-7 for cases diagnosed pre-2012, and 1, 2 (only if Regional Nodes Examined = 01-98), 3-7 for cases diagnosed 2012 and later. This is because code 2, as of 2012, can mean that a SLNBx was attempted but the patient failed to map and no nodes were removed.

- When determining whether surgery was "not performed", RX Summ--Scope Reg LN Sur codes of 0 (for all years of diagnosis) and 2 (for cases diagnosed 2012 and later with Reg Nodes Examined of 00 or 99) are considered "no regional lymph node surgery".

- Codes indicating surgery of other regional or distant sites corrected: changed from 1-8 to 1-5.

**Testis Serum Markers Post-Orchiectomy, Lab Value, CoC Flag (SEER)**

## NAACCR v13:

- The description was corrected: In steps 2.A, 2.B and 2.C, "not performed if ANY of the following conditions are true" changed to "not performed if ALL of the following conditions are true".

## NAACCR v13A:

- Modified edit logic so that when determining if RX Summ--Scope Reg LN Sur codes are considered "surgery performed" for 2012+ cases, instead of just checking codes 1, 3-7, it now also considers code 2 as "surgery performed" if Regional Nodes Examined = 01-98. (Description was correct; logic was wrong.)

## Testis Serum Markers Post-Orchiectomy, Lab Value, CoC Flag (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N6124

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit verifies that the testis tumor marker lab value SSDIs are coded consistently with surgery code.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID not = 00590
  - The following SSDIs are blank or not applicable:

AFP Post-Orchiectomy Lab Value

hCG Post-Orchiectomy Lab Value
  - RX Summ--Surg Prim Site is blank
  - CoC Accredited Flag is not 1
- If Primary Site Surgery = 00 (no surgery of primary site), 12 (local tumor destruction NOS (no specimen sent to pathology), or 20 (local excision of testicle),  
Then the data items must be coded as follows (no orchiectomy performed):

AFP Post-Orchiectomy Lab Value                      XXXXX.9

hCG Post-Orchiectomy Lab Value                      XXXXX.9

**Testis Serum Markers Post-Orchiectomy, Range (NAACCR)*****Administrative Notes***

New edit - NAACCR v18C metafile

**Testis Serum Markers Post-Orchiectomy, Range (NAACCR)**

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

*Edit Tag* N3031***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the testis tumor marker range SSDIs are coded consistently with surgery code.

- The edit is skipped for the following conditions:
  - Date of Diagnosis before 2019, blank (unknown), or invalid.
  - Schema ID not = 00590
  - The following SSDIs are blank or not applicable:
    - AFP Post-Orchiectomy Range
    - hCG Post-Orchiectomy Range
    - LDH Post-Orchiectomy Range
    - S Category Pathological
  - RX Summ--Surg Prim Site is blank
- If Primary Site Surgery = 00 (no surgery of primary site), 12 (local tumor destruction NOS (no specimen sent to pathology), or 20 (local excision of testicle),
 

Then the data items must be coded as follows (no orchiectomy performed):

  - AFP Post-Orchiectomy Range 9
  - hCG Post-Orchiectomy Range 9
  - LDH Post-Orchiectomy Range 9
  - S Category Pathological 9

***Administrative Notes***

New edit - NAACCR v18C metafile

**Text--Dx Proc--Path, Diagnostic Conf (NAACCR/MCR)**

Agency: NONE

Last changed: 12/21/2018 14:44:09

EditWriter 5

1222

10/17/2019 02:45 PM

**Text--Histology Title (NAACCR)***Edit Tag* MA2535***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If Diagnostic Confirmation equals 1, 2, 3, or 4, the first 79 characters of Text--Dx Proc--Path cannot be blank.

MCR modification: Skip if class is non-analytic except autopsy-only or pathology-only. MCR does not require text for most non-analytic cases.

**Text--Histology Title (NAACCR)**

Agency: NAACCR

Last changed: 04/05/1999

*Edit Tag* N0403***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Text--Histology Title cannot be blank.

**Text--Primary Site Title (NAACCR)**

Agency: NAACCR

Last changed: 05/18/1999

*Edit Tag* N0404***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Text--Primary Site Title cannot be blank.

**Thrombocytopenia, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:15:44

*Edit Tag* N2745

**Thrombocytopenia, Schema ID, Required (MCR/NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Thrombocytopenia code or blank:

- 0: Thrombocytopenia not present  
Platelets (Plt)  $\geq$  100,000/microliter
- 1: Thrombocytopenia present  
Platelets (Plt)  $<$  100,000/microliter
- 6: Lab value unknown, physician states thrombocytopenia is present
- 7: Test done, results not in chart
- 9: Not documented in medical record  
Thrombocytopenia not assessed or unknown if assessed

Another edit, Thrombocytopenia, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

The data item is required for AJCC staging and EOD Derived Stage Group.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Thrombocytopenia, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/09/2019 12:30:14

Edit Tag MA2935

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

1. The edit is skipped for any of the following conditions:



**Thyroid, Nodes Pos/Ex, EOD Regional Nodes (SEER)**

- a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Thrombocytopenia is coded (not blank) for the Schema IDs for which it is required by a standard setter.

This data item is required for AJCC staging and EOD Derived Stage Group.

Required for Schema ID:

00795: Lymphoma (CLL/SLL)

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to require the field 2019+ instead of 2018+.

**Thyroid, Nodes Pos/Ex, EOD Regional Nodes (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

Edit Tag N6075

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that EOD Regional Nodes is coded consistently with Regional Nodes Examined for Thyroid.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
  - b. Schema ID is not 00730, 00740
  - c. EOD Regional Nodes is blank
2. If EOD Regional Nodes = 000 (cytologically or histologically confirmed benign) Regional Nodes Examined must not = 00 (no nodes examined) or 99 (unknown if nodes examined), and Regional Nodes Positive must not = 98 (no nodes examined)

**TNM Clin Descriptor, Date of Diagnosis (NPCR)**

or 99 (unknown if nodes examined)

3. If EOD Regional Nodes = 050 (no regional node involvement radiologically or clinically confirmed), Regional Nodes Examined must = 00 (no nodes examined) or 99 (unknown if nodes examined), and Regional Nodes Positive must = 98 (no nodes examined) or 99 (unknown if nodes examined)

***Administrative Notes***

New edit - NAACCR v18C metafile

**TNM Clin Descriptor, Date of Diagnosis (NPCR)**

Agency: NPCR

Last changed: 05/17/2018 19:54:46

*Edit Tag* N1907

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2014 or greater than 2017, blank (unknown), or invalid
2. TNM Clin Descriptor is blank

Must be a valid TNM Clin Descriptor code (0-3, 5, or 9)

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

This NPCR edit differs from the COC edit of the same name as follows:

- This edit is skipped if year of Date of Diagnosis is less than 2014

Modifications

NAACCR v18

- Description, logic updated to skip if diagnosis date > 2017

**TNM Clin Descriptor, Histologies - Ed 7 (COC)**

Agency: COC

Last changed: 02/07/2018 22:11:11

*Edit Tag* N2223

**TNM Clin Descriptor, Histologies - Ed 7 (COC)*****Edit Sets***

| <b>Edit Set Name</b>   | <b>Edit Set Tag</b> | <b>Agency Code</b> |
|------------------------|---------------------|--------------------|
| <b>HospitalScan18D</b> | MA0356              | NONE               |
| <b>OfficeScan18D</b>   | MA0358              | NONE               |

***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. TNM Clin Descriptor is blank
4. TNM Clin Descriptor not = 1, 2, 5

This edit verifies that TNM Clin Descriptor codes 1 [E (Extranodal, lymphomas only)], 2 [S (Spleen, lymphomas only)], and 5 [E & S (Extranodal and spleen, lymphomas only)] are coded only for lymphoma cases.

If TNM Clin Descriptor = 1, 2, 5 and case is not a lymphoma as specified below, an error is generated.

Ocular Adnexal Lymphoma:

Primary Site:

C441, C690, C695-C696

Histologic Type ICD-O-3

9590-9699, 9702-9738, 9811-9818, 9820-9837

Primary Cutaneous Lymphomas:

Primary Site:

C440-C449

C510-C512, C518-C519

C600-C602, C608-C609, C632

Histologic Type ICD-O-3:

9700, 9701

Neoplasms manifesting as leukemia or lymphoma:

Primary Site:

C000-C419, C422-C423,

C440, C442-C689,

C691-C694, C698-C809

Histologic Type ICD-O-3:

9823, 9827, 9811-9818, 9837

Primary Site:

C420, C421, C424

Histologic Type ICD-O-3:

9811-9818, 9837

Other lymphomas:

Primary Site:

All except C441, C690, C695-C696

Histologic Type ICD-O-3

9590-9699, 9702-9727, 9735, 9737-9738

**TNM Clin Descriptor, Stage, Lymphoma (COC)*****Administrative Notes***

New edit - added to NAACCR v16 metafile  
SEER IF599

**Modifications****NAACCR v16A**

- Error message corrected, field out of order

**NAACCR v16B**

- Description and Edit Logic modified to include histologies 9811-9818, 9837, with primary site C420, C421, and C424 as lymphoma, according to agreement reached between SEER and COC. Valid TNM Clin Descriptor codes may be coded (but are not required) for these sites and histologies.

**NAACCR v16D**

- Administrative note for v16B corrected to read that histology 9837 (previously identified as 9827) was included as lymphoma for primary site C420, C421, C424.

**TNM Clin Descriptor, Stage, Lymphoma (COC)**

Agency: COC

Last changed: 02/07/2018 22:11:11

*Edit Tag* N2398

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

- Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
- Type of Reporting Source = 7 (Death Certificate Only)
- Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
- TNM Clin Descriptor is blank
- If Histology is 9590-9699, 9702-9727, 9735, 9737, 9738, 9811-9818, 9823, 9827, 9837 and Primary site is C770, C771, C772, C773, C774, C775, C779, C024, C090, C091, C098, C099, C111, C142, C379 and TNM Clin Stage Group equals 1 (involvement of single lymphatic site) then TNM Clin Descriptor must not equal 1 (E, extranodal), 2 (S, spleen), or 5 (E&S, Extranodal and spleen).
- If Histology is 9590-9699, 9702-9727, 9735, 9737, 9738, 9811-9818, 9823, 9827, 9837 and Primary site is C422 (spleen) then TNM Clin Descriptor must equal 2 (S, spleen).
- If Histology is 9590-9699, 9702-9727, 9735, 9737, 9738, 9811-9818, 9823, 9827, 9837 and Primary site is C778 (involvement of multiple lymph node regions) then TNM Clin Stage Group must be greater than or equal to 2 (Involvement of 2 or more lymph node regions).

**TNM Clin M c,p pre2016 (MCR/NAACCR)*****Administrative Notes***

New TNM Edit for NAACCR v16

**Modifications**

NAACCR v16B

- Description and Edit Logic corrected to include 9827 in lists of histology codes checked for this edit

**TNM Clin M c,p pre2016 (MCR/NAACCR)**

Agency: NONE

Last changed: 12/21/2018 14:44:27

*Edit Tag* MA2536***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit will check valid TNM Clin M codes, either with or without the "c" or "p" component.

This edit is skipped if any of the following is true:

Year of Date of Diagnosis is empty or in valid

Year of Date of Diagnosis is not 2014-2015

TNM Clin M is blank

TNM Edition Number is not 07 or U7

Must be a valid code for TNM Clin M and must be left justified. Subcategory letters must be uppercase, "c" or "p" if present in code must be lowercase. May be blank.

The codes in the first column are valid for AJCC 7th Edition. The codes in the second column represent converted codes, or codes for pre-2016 cases abstracted in 2016 software. Codes not included in the list (X, p0, p0I+) will fail the edit.

```

0      c0
0I+    c0I+
1      c1
      p1
1A     c1A
      p1A
1B     c1B
      p1B
1C     c1C
      p1C
1D     c1D
      p1D
1E     c1E
      p1E
88     88

```

**TNM Clin M, Date of Diagnosis (COC)*****Administrative Notes***

New edit for v16 metafile, EC

v16D: NAACCR added skip for empty year of diagnosis

The MCR modification is to run on 2014-2015 diagnoses only. The valid c/p codes are from the 2016 edit "TNM Clin M, Date of Diagnosis (COC)" but mixed-bag codes without c/p are also included.

v16E: added earlier COC skip addition for TNM Edition Number not 07/U7; added Match for "c0I!+" per COC modification

**TNM Clin M, Date of Diagnosis (COC)**

Agency: COC

Last changed: 04/03/2018 23:30:33

*Edit Tag* N2225

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Diagnosis date < 2016 or > 2017, blank (unknown), or invalid.
2. TNM Clin M is blank.
3. TNM Edition Number not = 07, U7

Must be a valid code for TNM Clin M and must be left-justified. Subcategory letters must be uppercase, "c" or "p" in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th TNM edition, 2016 and 2017 diagnosis year:

```

c0
c0I+
c1
c1A
c1B
c1C
c1D
c1E
p1
p1A
p1B
p1C
p1D
p1E
88

```

**TNM Clin N c,p pre2016 (MCR/NAACCR)*****Administrative Notes***

New edit for v16  
SEER IF545

**Modifications****NAACCR v16**

- Edit logic corrected, expressions using 2,4 changed to 2,3 (start from second character and read for 3 characters, for a 4-character data item).

**NAACCR v16D**

- Added skip if TNM Edition Number not = 07,U7

**NAACCR v16E**

- Corrected Match expression to test for "c0l!+"

**NAACCR v18**

- Modified description to include valid for 2017 diagnosis and skip for > 2017, modified logic to skip for dx\_year > 2017

**TNM Clin N c,p pre2016 (MCR/NAACCR)**

Agency: NONE

Last changed: 12/21/2018 14:44:46

*Edit Tag* MA2537

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit will check valid TNM Clin N codes, either with or without the "c" component.

This edit is skipped if any of the following is true:

Year of Date of Diagnosis is empty or invalid  
Year of Date of Diagnosis is not 2014-2015  
TNM Clin N is blank  
TNM Edition Number is not 07 or U7

Must be a valid code for TNM Clin N and must be left justified. Subcategory letters must be uppercase, "c" if present in code must be lowercase. May be blank.

The codes in the first column are valid for AJCC 7th Edition. The codes in the second column represent converted codes, or codes for pre-2016 cases abstracted in 2016 software:

**TNM Clin N, Date of Diagnosis (COC)**

|    |     |
|----|-----|
| X  | cX  |
| 0  | c0  |
| 0A | c0A |
| 0B | c0B |
| 1  | c1  |
| 1A | c1A |
| 1B | c1B |
| 1C | c1C |
| 2  | c2  |
| 2A | c2A |
| 2B | c2B |
| 2C | c2C |
| 3  | c3  |
| 3A | c3A |
| 3B | c3B |
| 3C | c3C |
| 4  | c4  |
| 88 | 88  |

***Administrative Notes***

New edit for v16 metafile, EC

v16D: NAACCR added skip for empty diagnosis year

The MCR modification is to run on 2014-2015 diagnosis years only. The valid codes are from the 2016 edit "TNM Clin N, Date of Diagnosis (COC)" but mixed-bag codes without "c" are also included. The v16A updates to the underlying edit did not apply.

16E: added skip for TNM Edition Number not 07, U7

**TNM Clin N, Date of Diagnosis (COC)**

Agency: COC

Last changed: 04/03/2018 23:31:01

*Edit Tag N2227*

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Diagnosis date < 2016 or > 2017, blank, (unknown), or invalid.
2. TNM Clin N is blank.
3. TNM Edition Number not = 07, U7

Must be a valid code for TNM Clin N and must be left justified. Subcategory letters must be uppercase, "c" in code must be lowercase. May be blank.



**TNM Clin Stage Group, 2014-2017 (MCR/COC)**

The following codes are valid for AJCC 7th edition, 2016 and 2017 diagnosis year:

cX  
c0  
c0A  
c0B  
c1  
c1A  
c1B  
c1C  
c2  
c2A  
c2B  
c2C  
c3  
c3A  
c3B  
c3C  
c4  
88

***Administrative Notes***

New edit for v16

SEER IF546

Modifications

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

NAACCR v18

- Modified description to include valid for 2017 diagnosis and skip for > 2017, modified logic to skip for dx\_year > 2017

**TNM Clin Stage Group, 2014-2017 (MCR/COC)**

Agency: NONE

Last changed: 12/26/2018 13:57:50

*Edit Tag* MA2538

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid code for TNM Clin Stage Group and must be left-justified. Letters must be

**TNM Clin Stage Group, 2014-2017 (MCR/COC)**

uppercase.

This edit is skipped if Date of Diagnosis is not between 2014 and 2017, empty or invalid.

This edit is skipped if TNM Edition Number is not 07 or "U7".

The following AJCC 7th Edition codes are valid:

0  
0A  
0S  
0IS  
1  
1A  
1A1  
1A2  
1B  
1B1  
1B2  
1C  
1S  
2  
2A  
2A1  
2A2  
2B  
2C  
3  
3A  
3B  
3C  
3C1  
3C2  
4  
4A  
4A1  
4A2  
4B  
4C  
88  
99  
OC

The field may be blank for pre-2016 diagnoses.

***Administrative Notes***

New for NAACCR v16 metafile - EC

v16D: COC added skip for TNM Edition Number not 07 or "U7".

The MCR modification is to run the 2016 edit on 2014+. Blanks are allowed for pre-2016 diagnoses. v16D: extended 2016 requirements forward (into 2017).

v18B: added skip for diagnoses 2018+.

TNM Clin T, Date of Diagnosis (COC)

**TNM Clin T, Date of Diagnosis (COC)**

Agency: COC

Last changed: 04/03/2018 23:40:10

*Edit Tag N2232****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Diagnosis date < 2016 or > 2017, blank (unknown), or invalid.
2. TNM Clin T is blank.
3. TNM Edition Number not = 07, U7

Must be a valid code for TNM Clin T and must be left-justified. Subcategory letters must be uppercase, "c" or "p" in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th edition, 2016 and 2017 diagnosis year:

cX  
c0  
c1  
c1A  
c1A1  
c1A2  
c1B  
c1B1  
c1B2  
c1C  
c1D  
c1MI  
c2  
c2A  
c2A1  
c2A2  
c2B  
c2C  
c2D  
c3  
c3A  
c3B  
c3C  
c3D  
c4  
c4A  
c4B  
c4C  
c4D  
c4E  
pA  
pIS

**TNM Clin T, Date of Diagnosis pre2016 (MCR/COC)**

pISU  
pISD  
88

***Administrative Notes***

New edit for v16

This edit differs from the SEER version of the edit in that it allows p4 (for Testis)

**Modifications**

NAACCR v16

- Edit logic corrected, expressions using 2,4 changed to 2,3 (start from second character and read for 3 characters, for a 4-character data item).

NAAACCR v16B

- Description and logic updated, p4 removed as valid value

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

NAACCR v18

- Modified description to include valid for 2017 diagnosis year and skip for > 2017, modified logic to skip for dx\_year > 2017

**TNM Clin T, Date of Diagnosis pre2016 (MCR/COC)**

Agency: NONE

Last changed: 12/26/2018 14:01:12

Edit Tag MA2539

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following is true:

Year of Date of Diagnosis is not 2014-2015

TNM Clin T is blank

TNM Edition Number is not 07 or "U7"

Must be a valid TNM Clin T code from AJCC 7th Edition and left-justified (4 characters).

Letters must be uppercase other than the c/p prefixes (if present).

X                      cX

0 (zero)              c0

IS                                      pIS

**TNM Clin T, Histology, Grade, Thyroid (COC)**

|      |      |      |    |
|------|------|------|----|
| ISPU |      | pISU |    |
| ISPD |      | pISD |    |
| A    |      |      | pA |
| 1    |      | c1   |    |
| 1A   |      | c1A  |    |
| 1A1  | c1A1 |      |    |
| 1A2  | c1A2 |      |    |
| 1B   |      | c1B  |    |
| 1B1  | c1B1 |      |    |
| 1B2  | c1B2 |      |    |
| 1C   |      | c1C  |    |
| 1D   |      | c1D  |    |
| 1MI  | c1MI |      |    |
| 2    |      | c2   |    |
| 2A   |      | c2A  |    |
| 2A1  | c2A1 |      |    |
| 2A2  | c2A2 |      |    |
| 2B   |      | c2B  |    |
| 2C   |      | c2C  |    |
| 2D   |      | c2D  |    |
| 3    |      | c3   |    |
| 3A   |      | c3A  |    |
| 3B   |      | c3B  |    |
| 3C   |      | c3C  |    |
| 3D   |      | c3D  |    |
| 4    |      | c4   | p4 |
| 4A   |      | c4A  |    |
| 4B   |      | c4B  |    |
| 4C   |      | c4C  |    |
| 4D   |      | c4D  |    |
| 4E   |      | c4E  |    |
| 88   |      |      |    |

***Administrative Notes***

New edit - added to MCR v15 metafile.

v16 modification: "TNM Clin T, Date of Diagnosis (COC)" for 2014-2015 diagnoses and AJCC 7th Edition codes. It allows mixed-bag codes with or without the c/p. Updates to the underlying edit in v16A did not apply.

v16D: COC added skip for TNM Edition Number not 07 or "U7"

**TNM Clin T, Histology, Grade, Thyroid (COC)**

Agency: COC

Last changed: 04/04/2018 20:15:21

*Edit Tag N2234*

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**TNM Clin T, N, M, In Situ (COC)****Description**

This edit verifies that TNM Clin T is coded consistently for anaplastic carcinomas of the thyroid when TNM Path T is blank. Anaplastic carcinomas are identified by stated grade of 4 or histologic type with implied grade of 4.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
  2. Type of Reporting Source = 7 (Death Certificate Only)
  4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
  5. Site is not C739
  6. TNM Clin T is blank or 88
  7. Grade is blank
- A. If Primary Site is Thyroid (C73.9), histology is 8000-8019, 8022-8029, 8033-8576, 8940-8950, 8980-8981, Grade = 4, and TNM Path T is blank  
then TNM Clin T must = c4, c4A, or c4B
- A. If Primary Site is Thyroid (C73.9), histology is 8020, 8021, 8030, 8031, or 8032 (implied grade of 4) and TNM Path T is blank  
then TNM Clin T must = c4, c4A, or c4B

**Administrative Notes**

New edit - added to NAACCR v16 metafile  
SEER IF569

**Modifications**

NAACCR v18  
- Name changed, (CoC) to (COC)

**TNM Clin T, N, M, In Situ (COC)**

Agency: COC

Last changed: 05/17/2018 20:20:11

Edit Tag N2443

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The purpose of this edit is to verify that TNM Clin N, TNM Clin M, and TNM Clin Stage Group are coded consistently for cases where TNM Clin T indicates an in situ tumor (TNM Clin T = pIS, pA, pISU, pISD, or pA).

This edit enforces the statement in the AJCC manual on page 12: "Carcinoma in situ (CIS) is an exception to the stage grouping guidelines. By definition, CIS has not involved any structure in the primary organ that would allow tumor cells to spread to regional nodes or distant sites.

**TNM Clin T, N, M, In Situ (COC)**

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016 or greater than 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin T is not = pIS, pA, pISU, pISD, or pA
5. TNM Edition Number not = 07, U7

If the case is reviewed and accepted as coded (Over-ride TNM Tis = 1) no further editing is done. See "Additional Information" in this description.

If TNM Clin T = pIS, pA, pISU, or pISD:

TNM Clin N must = c0, c0A, c0B (no clinically positive nodes)  
 TNM Clin M must = c0, c0I+ (metastasis clinically negative)  
 TNM Clin Stage Group must = 0, 0A, or 0IS (stage group clinical = in situ)

Only TNM Clin N and TNM Clin M are edited for the following TNM groups. In situ carcinomas are recognized by AJCC, but there is no stage grouping.

49. Carcinoma of Conjunctiva
50. Malignant Melanoma of Conjunctiva

This edit is skipped for the following TNM groups (AJCC does not recognize or does not stage in situ tumors for these sites, though in situ may be assigned by a pathologist):

7. Major Salivary Glands
8. Thyroid Gland (08A-08F)
9. Mucosal Melanoma Head and Neck
- 13B. Appendix, Carcinoid
16. GIST
17. NET Small Intestine and Ampulla of Vater, NET Colon and Rectum (17B, 17C)
18. Liver
- 36B. Corpus Sarcoma
- 36C. Corpus Adenosarcoma
- 37A. Ovary
39. Gestational Trophoblastic Tumors
41. Prostate
43. Kidney
47. Adrenal (47A, 47B)
- 51A. Melanoma of Choroid
- 51B. Melanoma of Iris
53. Carcinoma of the Lacrimal Gland
54. Sarcoma of the Orbit
- 57B. Primary Cutaneous Lymphoma

**Additional Information:**

As noted above, "Carcinoma in situ (CIS) is an exception to the stage grouping guidelines. By definition, CIS has not involved any structure in the primary organ that would allow tumor cells to spread to regional nodes or distant sites. Therefore, pTis cN0 cM0 should be reported as both clinical and pathologic stage 0." Traditional registry coding rules have recommended that registrars assign at least a category of T1 to cases where in situ behavior is found on pathologic examination of tissue from the primary site but other findings indicate regional

**TNM Clin T, Surgery, Prostate (COC)**

or distant involvement, based on the concept that primary tumor invasion must be present but not identified.

AJCC is interested in identifying such cases where in situ behavior on pathologic examination of the primary site is accompanied by findings of regional nodal or distant involvement, and the AJCC consultant recommends coding Tis with relevant N and M categories and unknown stage group. An over-ride has been added to this edit to allow this coding.

First check that T, N, and M values are coded correctly. Review all pathology reports and verify T, N, and M categories with the staging physician. Also contact the AJCC forum for staging questions or consult published training materials for guidance on handling specific case circumstances. If, after careful review and consultation, the coding that generated an edit failure is determined to be correct, set the Over-ride TNM Tis to 1 and rerun the edit.

***Administrative Notes***

New edit - added to NAACCR v16B metafile

**Modifications****NAACCR v16D**

- Added skip if TNM Edition Number not = 07,U7
- Modified logic, format of character string, e.g. "cxxb", 2,3
- In the SEER\*Edits software the title of this edit is IF623
- Logic corrected to skip for site/histo group 009, Mucosal Melanoma of Head and Neck
- Logic corrected for invalid MATCH pattern If (not MATCH (#S"TNM Clin M", "c0, c0l{!+}")) (does not account for trailing blanks in field). Replaced with INLIST (no match mask).

**NAACCR v18**

- Description updated, "Only TNM Clin and TNM Clin M edited for the following TNM groups", changed to "Only TNM Clin N and TNM Clin M edited for the following TNM groups."
- Over-ride TNM Tis added to over-ride edit if codes reviewed and confirmed correct, allowing coding of in situ tumor with metastases to nodes or distant sites.
- Description, logic updated to skip if diagnosis date > 2017.

**TNM Clin T, Surgery, Prostate (COC)**

Agency: COC

Last changed: 04/04/2018 20:16:35

*Edit Tag N2237*

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |



**TNM Edition Number (NAACCR)**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

**Description**

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin T is blank or 88
5. RX Summ--Surg Prim Site is blank

If Primary Site = C619

and Histologic Type ICD-O-3 = 8000-8110, 8140-8576, 8940-8950, 8980-8981

Then

If TNM Clin T = c1A or c1B (codes indicating TURP was done)

Then

RX Summ--Surg Prim Site must not = 00 or 99

**Administrative Notes**

New edit - added to NAACCR v16 metafile

IF570

**Modifications**

NAACCR v16D

- Modified format of character string, e.g. "cxb",2,3

NAACCR v18

- Name changed, (CoC) to (COC)

**TNM Edition Number (NAACCR)**

Agency: NAACCR

Last changed: 02/24/2018 14:18:23

Edit Tag N2818

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Must be a valid TNM Edition Number code (00-08,88,99). May be blank.

Codes

00 Not staged (cases that have AJCC staging scheme and staging was not done)

01 First Edition

**TNM Edition Number, Date of Diagnosis (MCR/NPCR)**

- 02 Second Edition (published 1983)
- 03 Third Edition (published 1988)
- 04 Fourth Edition (published 1992),
  - recommended for use for cases diagnosed 1993-1997
- 05 Fifth Edition (published 1997)
  - recommended for use for cases diagnosed 1998-2002
- 06 Sixth Edition (published 2002)
  - recommended for use for cases diagnosed 2003-2009
- 07 Seventh Edition (published 2009)
  - recommended for use with cases diagnosed 2010-2017
- 08 Eighth Edition (published 2017)
  - recommended for use with cases diagnosed 2018 and later
- 88 Not applicable (cases that do not have an AJCC staging scheme)
- 99 Edition Unknown

***Administrative Notes***

New edit - NAACCR v18 metafile

This edit differs from the COC edit of the same name in that it allows the data item to be blank.

**TNM Edition Number, Date of Diagnosis (MCR/NPCR)**

Agency: NONE

Last changed: 12/28/2018 16:08:55

*Edit Tag* MA2540

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following is true:

1. Year of Date of Diagnosis is less than 2014, greater than 2017, blank (unknown), or invalid
2. TNM Edition Number = blank and Diagnosis Year is 2015.
3. Year of Date of Diagnosis is 2016-2017 and Type of Reporting Source is 6 or 7 and TNM Edition Number is blank.
4. Year of Date of Diagnosis is 2016-2017 and Class of Case is 38 or 49 and TNM Edition Number is blank.

TNM Edition Number may be blank if diagnosis year is prior to 2016.

If diagnosis year is 2015 and TNM Edition Number is not blank, then it must = 07 or 88.

If diagnosis year is 2016-2017, TNM Edition number must = 07 or 88 unless Autopsy-Only or DCO

(Type of Reporting Source = 6 or 7, or Class of Case = 38 or 49). For Autopsy-Only or DCO TNM

Edition Number must = blank, 07 or 88.

**TNM Groups Beh 3 with Insitu 88 (COC)*****Administrative Notes***

New edit - added to NAACCR v14 metafile.

This NPCR edit differs from the COC edit of the same name as follows:

1. This edit is skipped if year of Date of Diagnosis is less than 2014
2. The only allowable codes for TNM Edition are 07, 88, or blanks.

Modifications:

NAACCR v14A

- Edit logic fixed so that edit will be skipped if TNM Edition Number is blank

NAACCR V16

-Updated to reflect 2016 requirements. If diagnosis year is 2016 TNM Edition number may not be blank and it must equal 07 or 88 (not applicable) unless type of reporting source equals 6 or 7. If type of reporting source is 6 or 7 and diagnosis year is 2016, then TNM edition number must be blank, 07, or 88.

MCR modification is to add Class of Case to identify Autopsy-Only and DCO cases.

v16D: NPCR extended 2016 requirements into 2017.

v18B: added skip for diagnosis year > 2017, skip instead of failure for empty TNM Edition for DCO and Autopsy 2016-2017

**TNM Groups Beh 3 with Insitu 88 (COC)**

Agency: COC

Last changed: 05/17/2018 20:38:57

*Edit Tag* N2318

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016 or greater than 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign), 1 (borderline), or 2 (in situ)

For following TNM Groups, if Behavior Code ICD-O-3 is 3, then TNM Clin T, TNM Clin N, TNM Clin M, TNM Clin Stage Group, TNM Path T, TNM Path N, TNM Path M, and TNM Path Stage Group must not

**TNM Groups Beh 3 with Insitu 88 (COC)**

= 88. AJCC does not consider these cases stageable for in situ, but they are stageable for invasive behavior. ("88" is allowed for TNM Clin N and TNM Path N for site/histology group 039, Gestational Trophoblastic Tumors. "88" is allowed for TNM Clin Stage Group and TNM Path Stage Group for site/histology groups 053, Carcinoma of Lacrimal Gland, and 054, Sarcoma of Orbit.)

- 7. Major Salivary Glands
- 8. Thyroid Gland (08A-08F)
- 9. Mucosal Melanoma of the Head and Neck
- 13B. Appendix: Carcinoid
- 16. GIST (16A-16B)
- 17B. NET: Small Intestine and Ampulla of Vater
- 17C. NET: Colon and Rectum
- 18. Liver
- 36B. Corpus Sarcoma
- 36C. Corpus Adenosarcoma
- 37A. Ovary
- 39. Gestational Trophoblastic Tumors
- 41. Prostate
- 43. Kidney
- 47. Adrenal (47A, 47B)
- 51A. Melanoma of Choroid
- 51B. Melanoma of Iris
- 53. Carcinoma of the Lacrimal Gland
- 54. Sarcoma of the Orbit
- 57B. Primary Cutaneous Lymphomas

Pediatric cases not staged according to AJCC are skipped and are identified in this edit by TNM Edition Number = 88, TNM Clin Stage Group = 88 or blank, TNM Path Stage Group = 88 or blank, and Over-ride Site/TNM-Stgrp = 1 if the patient is under 25 years old. Other edits, Primary Site, AJCC Stage Group 2016 - Ed 7 (COC) and Primary Site, Stage Group 2016 - Ed 7 (NPCR), check that the over-ride is not set for Age at Diagnosis > 24.

***Administrative Notes***

New edit - added to NAACCR v16 metafile

**Modifications****NAACCR v16A**

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Corrected logic to edit for site/histology groups 36B and 36C rather than 36A and 36B.
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

**NAACCR v16B**

- Corrected Description and Edit Logic for site/histology groups 053,054, edit does not fail on TNM Clin Stage Group = 88 or TNM Path

**TNM Groups Not Stageable - Insitu (COC)**

Stage Group = 88 for 053,054

- Added check for Behavior Code ICD-O-3 for site/histology group 039
- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

NAACCR v16E

- Over-ride added to allow code of 88 for pediatric case not assigned AJCC stage for site/histology;
- Description updated to reflect inclusion of over-ride

NAACCR v18

- Name changed, (CoC) to (COC)
- Description, logic updated to skip for diagnosis year > 2017

**TNM Groups Not Stageable - Insitu (COC)**

Agency: COC

Last changed: 05/17/2018 20:38:40

*Edit Tag N2239*

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016 or greater than 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death certificate only)
3. Behavior Code ICD-O-3 = 0 (benign), 1 (borderline), or 3 (invasive)

For following TNM Groups, if Behavior Code ICD-O-3 is 2, then TNM Clin T, TNM Clin N, TNM Clin M, TNM Clin Stage Group, TNM Path T, TNM Path N, TNM Path M, and TNM Path Stage Group must all = 88. AJCC does not consider these cases stageable.

7. Major Salivary Glands
8. Thyroid Gland (08A-08F)
9. Mucosal Melanoma of the Head and Neck
- 13B. Appendix: Carcinoid
16. GIST (16A-16B)
- 17B. NET: Small Intestine and Ampulla of Vater
- 17C. NET: Colon and Rectum
18. Liver
- 36B. Corpus Sarcoma
- 36C. Corpus Adenosarcoma
- 37A. Ovary
39. Gestational Trophoblastic Tumors
41. Prostate

**TNM Items, DX Post 2017 (NAACCR)**

43. Kidney  
47. Adrenal (47A, 47B)  
51A. Melanoma of Choroid  
51B. Melanoma of Iris  
53. Carcinoma of the Lacrimal Gland  
54. Sarcoma of the Orbit  
57B. Primary Cutaneous Lymphomas

***Administrative Notes***

New edit - added to NAACCR v16 metafile  
SEER IF601

**Modifications****NAACCR v16A**

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440
- Changed default error message to 3612, added Primary Site value to list of fields returned by error message.
- Corrected logic to edit for site/histology groups 36B and 36C rather than 36A and 36B.
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

**NAACCR v16B**

- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

**NAACCR v18**

- Name changed, (CoC) to (COC)
- Description, logic updated to skip if diagnosis year > 2017

**TNM Items, DX Post 2017 (NAACCR)**

Agency: NAACCR

Last changed: 02/28/2019 21:09:20

*Edit Tag* N4903

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If year of Date of Diagnosis is blank or invalid, this edit is skipped.

If year of Date of Diagnosis is greater than 2017, then the following TNM data items must be blank:

**TNM Path Descriptor, Date of Diagnosis (NPCR)**

TNM Clin T  
TNM Clin N  
TNM Clin M  
TNM Clin Stage Group  
TNM Clin Descriptor  
TNM Path T  
TNM Path N  
TNM Path M  
TNM Path Stage Group  
TNM Path Descriptor

***Administrative Notes***

New edit - NAACCR v18 metafile

**Modifications**

NAACCR v18C

- TNM Clin Staged By, TNM Path Staged by removed from edit

**TNM Path Descriptor, Date of Diagnosis (NPCR)**

Agency: NPCR

Last changed: 07/21/2018 15:24:05

*Edit Tag* N1809

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2014 or greater than 2017, blank (unknown), or invalid
2. TNM Path Descriptor is blank

Must be a valid TNM Path Descriptor code (0-6, 9).

***Administrative Notes***

New edit - added to NAACCR v14 metafile.

This NPCR edit differs from the COC edit of the same name as follows:

- This edit is skipped if year of Date of Diagnosis is less than 2014

**TNM Path Descriptor, RX Dates - Ed 7 (COC)**

## Modifications

NAACCR v18

- Description, logic modified to skip if diagnosis year &gt; 2017

**TNM Path Descriptor, RX Dates - Ed 7 (COC)**

Agency: COC

Last changed: 05/19/2018 11:34:51

*Edit Tag N2251****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016 or blank (unknown)
2. TNM Edition Number is not = 07
3. TNM Path Descriptor is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. RX Date Mst Defn Srg is blank

If TNM Path Descriptor = 4 [Y (Classification after initial multimodality therapy)-pathologic staging only] or 6 [M & Y (Multiple primary tumors and initial multimodality therapy)]

Then

At least one of the following dates must be less than RX Date Mst Defn Srg. If any are blank, then the associated date flag is checked and, if equal to 12 (treatment given, date unknown), the edit will pass.

RX Date Radiation/RX Date Radiation Flag

RX Date BRM/RX Date BRM Flag

RX Date Chemo/RX Date Chemo Flag

RX Date Hormone/RX Date Hormone Flag

RX Date Other/RX Date Other Flag

Partial Dates:

1. When comparisons include partial dates, the treatment date can be less than or equal to the RX Date Mst Defn Srg.
2. When comparing dates, if both years are known, but either month is blank, then only the years are compared and may be equal. If either day is blank, then only the years and months are compared. Consequently, the edit may pass due to not having enough information to compare beyond years or year/month. For example, a RX Date Radiation of 201403 (ccyyymm), when compared to RX Date Mst Defn Srg of 20140315 (ccyyymmdd), will pass because the edit has to assume that the unknown dd portion of RX Date Radiation could be less than the dd portion of RX Date Mst Defn Srg.

***Administrative Notes***

New edit - added to NAACCR v16 metafile



**TNM Path M, Date of Diagnosis (COC)**

## Modifications

NAACCR v18

- Name changed, (CoC) to (COC)

**TNM Path M, Date of Diagnosis (COC)**

Agency: COC

Last changed: 04/09/2018 21:07:30

*Edit Tag N2252****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Diagnosis date < 2016 or > 2017, blank (unknown), or invalid.
2. TNM Path M is blank.
3. TNM Edition Number not = 07, U7

Must be a valid code for TNM Path M and must be left-justified. Subcategory letters must be uppercase, "c" or "p" in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th edition, 2016 and 2017 diagnosis year:

c0  
c0I+  
c1  
c1A  
c1B  
c1C  
c1D  
c1E  
p1  
p1A  
p1B  
p1C  
p1D  
p1E  
88

***Administrative Notes***

New edit for v16

SEER IF548

**TNM Path M, Date of Diagnosis pre2016 (MCR/COC)**

## Modifications

## NAACCR v16A

- c0I+ and 88 added to Description as allowable values for TNM Path M

## NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

- Edit logic: Corrected MATCH mask for code C0I+ (removed trailing blank)

## NAACCR v18

- Modified description to include valid for 2017 diagnosis year and skip for > 2017, modified logic to skip for dx\_year > 2017

**TNM Path M, Date of Diagnosis pre2016 (MCR/COC)**

Agency: NONE

Last changed: 12/21/2018 14:48:52

Edit Tag MA2541

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if any of the following is true:

Year of Date of Diagnosis is not 2014-2015

TNM Edition Number is not 07 or "U7"

TNM Path M is blank

Must be a valid code for TNM Path M and must be left-justified. Subcategory letters must be uppercase, "c" or "p" in code must be lowercase.

The following codes are valid for AJCC 7th Edition:

```

0      c0
0I+    c0I+
1      c1      p1
1A     c1A     p1a
1B     c1B     p1B
1C     c1C     p1C
1D     c1D     p1D
1E     c1E     p1E
88
```

**Administrative Notes**

New edit for v16, EC

SEER IF548

**TNM Path N, Date of Diagnosis (COC)**

MCR modification: checks these AJCC 7th Edition codes for 2014-2015 with mixed-bag of c/p present or absent

16D: COC added skip for TNM Edition Number not 07 or "U7"; removed trailing blank code "b" from c0I+ match.

**TNM Path N, Date of Diagnosis (COC)**

Agency: COC

Last changed: 07/04/2018 16:51:32

*Edit Tag* N2254

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

- 1.Diagnosis date < 2016 or > 2017, blank (unknown), or invalid.
- 2.TNM Path N is blank.
- 3.TNM Edition not = 07,U7

Must be a valid code for TNM Path N and must be left justified. Subcategory letters must be upper case, "c" or "p" in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th edition, 2016 and 2017 diagnosis year:

pX  
 p0  
 p0I-  
 p0I+  
 p0M-  
 p0M+  
 p1  
 p1A  
 p1B  
 p1C  
 p1M  
 p1MI  
 p2  
 p2A  
 p2B  
 p2C  
 p3  
 p3A  
 p3B  
 p3C  
 p4  
 cX  
 c0  
 c0A  
 c0B  
 c1  
 c1A

**TNM Path N, Date of Diagnosis pre2016 (MCR/COC)**

c1B  
c1C  
c2  
c2A  
c2B  
c2C  
c3  
c3A  
c3B  
c3C  
c4  
88  
p0A  
p0B

***Administrative Notes***

New edit for v16  
SEER IF549

**Modifications****NAACCR v16A**

- Added p0A, p0B to description, edit logic. Codes allowed by COC and SEER for Melanoma of Conjunctiva for pathologic N.

**NAACCR v16D**

- Added skip if TNM Edition Number not = 07,U7

**NAACCR v16E**

- Added c1, c2 to valid values, to allow c1 and c2 to be used for pathologic staging for site/histo group 36A

**NAACCR v18**

- Added all cN codes as valid  
- Modified description to include valid for 2017 diagnosis year and skip for > 2017, modified logic to skip for dx\_year > 2017  
- Administrative Note for v16E changed, from "Added c1, c2 to valid values, to allow c1 to be used for pathologic staging for site/histo groups 16A,16B,27,28,and 36A; to allow c2 to be used for pathologic staging for site/histo group 36A".

**TNM Path N, Date of Diagnosis pre2016 (MCR/COC)**

Agency: NONE

Last changed: 12/21/2018 14:49:10

*Edit Tag* MA2542

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**TNM Path N, Reg Nodes Ex - Ed 7 (MCR/COC)****Description**

This edit is skipped if any of the following is true:

Year of Date of Diagnosis is not 2014-2015

TNM Edition Number is not 07 or "U7"

TNM Path N is blank

Must be a valid code for TNM Path N and must be left justified. Subcategory letters must be upper case, "c" or "p" (if present) must be lowercase.

The following codes are valid for AJCC 7th Edition:

|     |    |      |
|-----|----|------|
| X   |    | pX   |
| 0   | c0 | p0   |
| 0A  |    | p0A  |
| 0B  |    | p0B  |
| 0I- |    | p0I- |
| 0I+ |    | p0I+ |
| 0M- |    | p0M- |
| 0M+ |    | p0M+ |
| 1   | c1 | p1   |
| 1A  |    | p1A  |
| 1B  |    | p1B  |
| 1C  |    | p1C  |
| 1MI |    | p1MI |
| 2   | c2 | p2   |
| 2A  |    | p2A  |
| 2B  |    | p2B  |
| 2C  |    | p2C  |
| 3   |    | p3   |
| 3A  |    | p3A  |
| 3B  |    | p3B  |
| 3C  |    | p3C  |
| 4   |    | p4   |
| 88  |    |      |

**Administrative Notes**

New edit for v16, EC

SEER IF549

MCR modification is checking for AJCC 7th Edition codes in 2014-2015 diagnoses with mixed-bag c/p present or absent.

16D: COC added skip for TNM Edition Number not 07 pr "U7"

16E: COC added c1, c2; MCR added p0A, p0B, 0A, 0B based on 16A modifications.

**TNM Path N, Reg Nodes Ex - Ed 7 (MCR/COC)**

Agency: NONE

Last changed: 12/26/2018 14:58:06

Edit Tag MA2543

**Edit Sets**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
|---------------|--------------|-------------|

**TNM Path N, Reg Nodes Pos - Ed 7 (MCR/COC)**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if any of the following is true:

1. Year of Date of Diagnosis is less than 2016, greater than 2017, blank (unknown), or invalid
2. Autopsy-Only (Type of Reporting Source = 6 or Class of Case = 38) or DCO (Type of Reporting Source = 7 or Class of Case = 49)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
3. TNM Path N is blank or 88
4. Regional Nodes Examined is blank
5. TNM Edition Number is not 07, U7

IF Regional Nodes Examined = 00 or 99

Then

TNM Path N must = pX, c0, or blank

The following combinations of primary site/histology groups and TNM Pathologic N codes are exceptions and will pass:

Colorectal AJCC 7th Ed Chapter 14: p1C (tumor deposits)  
 Merkel cell carcinoma Chapter 30: p2 (in-transit mets)  
 Melanoma of skin Chapter 31: p2C (satellite nodules)  
 Breast Chapter 32: p2B (internal mammary nodes clinically)  
 Uterus carcinoma Chapter 36A: c1 or c2 (clinical N can be used for pN)  
 Retinoblastoma Chapter 52: p2 (distant nodes)  
 Ocular adnexal lymphoma Chapter 55: p3 or p4 (distant nodes)

**Administrative Notes**

New edit - added to NAACCR v16 metafile, EC  
 SEER IF579

MCR modification is to define Autopsy-Only and DCO using Class of Case in addition to Type of Reporting Source.

v18B: added skip for TNM Edition not 07 or U7, diagnoses 2018+; added exceptions for pN categories that can be assigned without regional nodes being checked pathologically per the COC edit

**TNM Path N, Reg Nodes Pos - Ed 7 (MCR/COC)**

Agency: NONE

Last changed: 12/31/2018 15:12:48

Edit Tag MA2544

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

**TNM Path N, Reg Nodes Pos - Ed 7 (MCR/COC)**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following is true:

1. Year of Date of Diagnosis is less than 2016, greater than 2017, blank (unknown), or invalid
2. Case is autopsy only (Type of Reporting Source = 6 or Class of Case = 38) or death certificate only (Type of Reporting Source = 7 or Class of Case = 49)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Edition Number is not 07 or "U7"
5. TNM Path N is blank or 88
6. Regional Nodes Positive is blank

At least one positive lymph node is required if TNM Pathologic N is 1 or higher.

If the second character of TNM Path N = 1, 2, or 3, indicating metastasis in at least one lymph node

Then

Regional Nodes Positive must not = 00 (all nodes examined are negative), 98 (no nodes were examined), 99 (unknown whether nodes are positive)

The following TNM site/histology groups/Path N codes are exceptions to the above and will not generate errors:

AJCC 7th Edition Chapter 14: Colon and Rectum

TNM Path N = p1C (tumor deposits)

Chapter 30: Merkel Cell Carcinoma

TNM Path N = p2 (in-transit metastases)

Chapter 31: Melanoma of the Skin

TNM Path N = p2C (satellite nodules)

Chapter 32: Breast

TNM Path N = p2B (internal mammary nodes assessed clinically)

Chapter 36A: Corpus Uteri Carcinoma

TNM Path N = c1 or c2 (clinical N may be used for pN)

Chapter 52: Retinoblastoma

TNM Path N = p2 (distant nodes)

Chapter 55: Ocular Adnexal Lymphoma

TNM Path N = p3 or p4 (distant nodes)

***Administrative Notes***

New edit - added to NAACCR v16 metafile, EC  
SEER IF580

MCR modification is to define Autopsy-Only and DCO using Class of Case in addition to Type of Reporting Source.

**TNM Path N, Reg Nodes Pos,Ex, Breast - Ed 7 (COC)**

v16D: COC added skip for TNM Edition Number not 07 or "U7"; changed matching of codes using blanks and "2,3"

v18B: added skips for diagnoses 2018+, breast and uterus exceptions per COC edit

**TNM Path N, Reg Nodes Pos,Ex, Breast - Ed 7 (COC)**

Agency: COC

Last changed: 04/04/2018 20:23:07

Edit Tag N2258

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit verifies that nodes are examined for "0I-", "0I+", "0M-", and "0M+ categories, and that ITCs are not considered positive nodes for breast.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Site/histology group is not 032 (Breast)
4. TNM Path N is blank or 88
5. Regional Nodes Positive is blank
6. Regional Nodes Examined is blank
7. TNM Edition Number not = 07, U7
8. TNM Path Descriptor = 4,6

```
If TNM Path N = p0I+, p0I-, p0M+, p0M-
    then Regional Nodes Examined must not = 00, 99 (no nodes examined or unknown
if    nodes examined)
    Regional Nodes Positive must = 00 (all nodes examined are negative)
```

**Administrative Notes**

New edit - added to NAACCR v16 metafile  
SEER IF581

**Modifications**

NAACCR v16A  
- Error message corrected, field out of order

NAACCR v16D  
- Added skip if TNM Edition Number not = 07,U7  
- Added skip if TNM Path Descriptor = 4,6



**TNM Path Stage Group, 2014-2017 (MCR/COC)**

- Corrected MATCH mask for p0I+, p0I-, p0M+, p0M- to accommodate EDITS50 regular expressions processor.

NAACCR v18

- Name changed, (CoC) to (COC)

**TNM Path Stage Group, 2014-2017 (MCR/COC)**

Agency: NONE

Last changed: 12/26/2018 15:16:37

*Edit Tag* MA2545

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid code for TNM Path Stage Group and must be left-justified. Letters must be uppercase.

This edit is skipped if Year of Date of Diagnosis < 2014, > 2017, blank (unknown), or invalid.

This edit is skipped if TNM Edition Number is not 07 or "U7".

The following codes are valid for AJCC 7th Edition:

0  
0A  
0S  
0IS  
1  
1A  
1A1  
1A2  
1B  
1B1  
1B2  
1C  
1S  
2  
2A  
2A1  
2A2  
2B  
2C  
3  
3A  
3B  
3C  
3C1  
3C2  
4

**TNM Path Stg Grp, Prim Site, Surg - Ed 7 (MCR/COC)**

4A  
4A1  
4A2  
4B  
4C  
88  
99  
OC

The field may be blank for pre-2016 diagnoses.

***Administrative Notes***

New for NAACCR v16 metafile - EC

MCR modification extends the 2016 edit back to 2014 diagnoses. Blanks are allowed for pre-2016 diagnoses. Source edit is "TNM Path Stage Group, 2016 (COC)".

v16D: COC added skip for TNM Edition Number not 07 or "U7". 2016 requirements are extended into 2017.

v18B: added skip for diagnoses 2018+

**TNM Path Stg Grp, Prim Site, Surg - Ed 7 (MCR/COC)**

Agency: NONE

Last changed: 12/26/2018 15:17:50

Edit Tag MA2546

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Case is autopsy only (Type of Reporting Source = 6 or Class of Case = 38) or DCO (Type of Reporting Source = 7 or Class of Case = 49)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Path Stage Group is blank or 88
5. RX Summ--Surg Prim Site is blank

Definitive surgical resection is required for TNM Path Stage Group 0, 0IS, and 0A.

A. For all site/histology groups except Urinary Bladder (Chapter 45):

If TNM Path Stage Group = 0, 0IS, OA

Then

RX Summ--Surg Prim Site must be equal to or greater than 20  
and not equal 99 (unknown)

**TNM Path T, Date of Diagnosis (COC)**

B. For TNM site/histology group Urinary Bladder:

If TNM Path Stage Group = 0IS or 0A  
Then

RX Summ--Surg Prim Site must be equal to or greater than 30  
and not equal 99 (unknown)

***Administrative Notes***

New edit - added to NAACCR v16 metafile, EC  
SEER IF584

MCR modification is to define Autopsy-Only and DCO using Class of Case in addition to Type of Reporting Source.

v18B: changed CoC in edit name to COC

**TNM Path T, Date of Diagnosis (COC)**

Agency: COC

Last changed: 09/18/2018 22:06:33

*Edit Tag* N2263

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Diagnosis date < 2016 or > 2017, blank (unknown), or invalid
2. TNM Path T is blank.
3. TNM Edition Number not = 07, U7

Must be a valid code for TNM Path T and must be left-justified. Subcategory letters must be uppercase, "p" in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th edition, 2016 and 2017 diagnosis year:

pX  
p0  
pIS  
pISU  
pISD  
pA  
p1  
p1A  
p1A1  
p1A2  
p1B  
p1B1  
p1B2  
p1C  
p1D

**TNM Path T, Date of Diagnosis (COC)**

p1MI  
p2  
p2A  
p2A1  
p2A2  
p2B  
p2C  
p2D  
p3  
p3A  
p3B  
p3C  
p3D  
p4  
p4A  
p4B  
p4C  
p4D  
p4E  
cX  
c0  
c1  
c1A  
c1A1  
c1A2  
c1B  
c1B1  
c1B2  
c1C  
c1D  
c1MI  
c2  
c2A  
c2A1  
c2A2  
c2B  
c2C  
c2D  
c3  
c3A  
c3B  
c3C  
c3D  
c4  
c4A  
c4B  
c4C  
c4D  
c4E  
88

***Administrative Notes***

New edit for v16  
SEER IF550

Modifications

EditWriter 5

1260

10/17/2019 02:45 PM

**TNM Path T, Date of Diagnosis pre2016 (MCR/COC)****NAACCR v16**

- Edit logic corrected, expressions using 2,4 changed to 2,3 (start from second character and read for 3 characters, for a 4-character data item).

**NAACCR v16D**

- Added skip if TNM Edition Number not = 07,U7

**NAACCR v18**

- Added all cT codes as valid  
 - Modified description to include valid for 2017 diagnosis and skip for > 2017, modified logic to skip for dx\_year > 2017

**NAACCR v18A**

- Logic corrected to skip for diagnoses year > 2017

**TNM Path T, Date of Diagnosis pre2016 (MCR/COC)**

Agency: NONE

Last changed: 12/21/2018 14:50:43

Edit Tag MA2547

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if any of the following is true:

Year of Date of Diagnosis is not 2014-2015

TNM Edition Number is not 07 or "U7"

TNM Path T is blank

Must be a valid code for TNM Path T and must be left-justified. Subcategory letters must be uppercase, "p" (if present) in code must be lowercase. May be blank.

The following codes are valid for AJCC 7th Edition:

```

X          pX
0          p0
IS      pIS
ISPU          pISU
ISPD          pISD
A          pA
1          p1
1A      p1A
1A1      p1A1
1A2      p1A2
1B      p1B
1B1      p1B1
1B2      p1B2

```

**TNM Path T, N, M, In Situ (COC)**

```

1C      p1C
1D      p1D
1MI     p1MI
2        p2
2A      p2A
2A1     p2A1
2A2     p2A2
2B      p2B
2C      p2C
2D      p2D
3        p3
3A      p3A
3B      p3B
3C      p3C
3D      p3D
4        p4
4A      p4A
4B      p4B
4C      p4C
4D      p4D
4E      p4E
88

```

***Administrative Notes***

New edit for v16, EC  
SEER IF550

NAACCR v16A

- Edit logic corrected, expressions using 2,4 changed to 2,3 (start from second character and read for 3 characters, for a 4-character data item).

MCR modification checks for 2016 codes on 2014-2015 diagnoses. Mix-bag codes with or without c/p.

v16D: COC added skip for TNM Edition Number not 07 or "U7".

**TNM Path T, N, M, In Situ (COC)**

Agency: COC

Last changed: 05/17/2018 21:07:13

Edit Tag N2442

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The purpose of this edit is to verify that TNM Path N, TNM Path M, and TNM Path Stage Group are coded consistently for cases where TNM Path T indicates an in situ tumor (TNM Path T = pIS, pA, pISU, pISD, or pA).

**TNM Path T, N, M, In Situ (COC)**

This edit enforces the statement in the AJCC manual on page 12: "Carcinoma in situ (CIS) is an exception to the stage grouping guidelines. By definition, CIS has not involved any structure in the primary organ that would allow tumor cells to spread to regional nodes or distant sites. Therefore, pTis cN0 cM0 should be reported as both clinical and pathologic stage 0." The statement on page 499 for bladder takes precedence for this site: "Pathologic staging is based on the histologic review of the radical or partial cystectomy specimen."

If the Over-ride TNM Tis is set to '1', no further checking is done. See "Additional Information" in this description.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016 or greater than 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Path T is not = pIS, pA, pISU, pISD, or pA
5. TNM Edition Number not = 07,U7
5. TNM Path Descriptor = 4, 6

1. If TNM Path T = pIS, pA, pISU, or pISD:

- A. If TNM site/histology group = Bladder:

TNM Path N must = p0 (negative nodes pathologically), c0 (clinically negative nodes), or blank (criteria not met for pathologic staging of bladder)

TNM Path M must = c0 (no clinically positive metastasis), or blank (criteria not met for pathologic staging of bladder)

TNM Path Stage Group must = 0IS or 0A (codes indicating in situ/noninvasive based on pathologic evaluation of T and N) or 99 (criteria not met for pathologic staging of bladder).

- B. For all other AJCC groups:

TNM Path N must = p0, p0I-, p0I+, p0M-, p0M+ (negative nodes pathologically), or c0 (clinically negative nodes).

TNM Path M must = c0, c0I+ (no clinically positive metastasis)

TNM Path Stage Group must = 0, 0A, or 0IS (codes indicating pathologic stage group based on AJCC instructions for pTis) or 99

Only TNM Path N and TNM Path M are edited for the following TNM groups. In situ carcinomas are recognized by AJCC, but there is no stage grouping.

49. Carcinoma of Conjunctiva
50. Malignant Melanoma of Conjunctiva

This edit is skipped for the following TNM groups (AJCC does not recognize or does not stage in situ tumors for these sites, though in situ may be assigned by a pathologist):

7. Major Salivary Glands
8. Thyroid Gland (08A-08F)
9. Mucosal Melanoma Head and Neck
- 13B. Appendix, Carcinoid
16. GIST
17. NET Small Intestine and Ampulla of Vater, NET Colon and Rectum (17B, 17C)
18. Liver

**TNM Path T, N, M, In Situ (COC)**

36B. Corpus Sarcoma  
36C. Corpus Adenosarcoma  
37A. Ovary  
39. Gestational Trophoblastic Tumors  
41. Prostate  
43. Kidney  
47. Adrenal (47A, 47B)  
51A. Melanoma of Choroid  
51B. Melanoma of Iris  
53. Carcinoma of the Lacrimal Gland  
54. Sarcoma of the Orbit  
57B. Primary Cutaneous Lymphoma

**Additional Information:**

As noted above, "Carcinoma in situ (CIS) is an exception to the stage grouping guidelines. By definition, CIS has not involved any structure in the primary organ that would allow tumor cells to spread to regional nodes or distant sites. Therefore, pTis cN0 cM0 should be reported as both clinical and pathologic stage 0." Traditional registry coding rules have recommended that registrars assign at least a category of T1 to cases where in situ behavior is found on pathologic examination of tissue from the primary site but other findings indicate regional or distant involvement, based on the concept that primary tumor invasion must be present but not identified.

AJCC is interested in identifying such cases where in situ behavior on pathologic examination of the primary site is accompanied by findings of regional nodal or distant involvement, and the AJCC consultant recommends coding Tis with relevant N and M categories and unknown stage group. An over-ride has been added to this edit to allow this coding.

First check that T, N, and M values are coded correctly. Review all pathology reports and verify T, N, and M categories with the staging physician. Also contact the AJCC forum for staging questions or consult published training materials for guidance on handling specific case circumstances. If, after careful review and consultation, the coding that generated an edit failure is determined to be correct, set the Over-ride TNM Tis to 1 and rerun the edit.

***Administrative Notes***

New edit - added to NAACCR v16 metafile  
SEER IF605

**Modifications****NAACCR v16A**

- Corrected logic for first INLIST of primary sites for site/histology group 57A, 000-419-440 changed to 000-440.
- Description and logic updated to skip edit for Carcinoma of Conjunctiva, Melanoma of Conjunctiva.
- Corrected Edit Logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

**NAACCR v16B**

- Name changed from TNM T,N,M, In Situ (CoC) to TNM Path T,N,M, In Situ (COC)



**TNM Path T, Primary Site, Surgery - Ed 7 (MCR/COC)**

- Description and Edit Logic updated to allow TNM Clin T to be blank and TNM Clin Stage Group to equal 99 when TNM Path T is in situ. This logic assumes that In situ carcinoma was not diagnosed clinically and is an incidental finding at surgery.
- Logic statements requiring that TNM Clin N, TNM Clin M, and TNM Clin Stage Group are also coded consistently with TNM Path T = in situ removed from edit; consistency of coding for TNM Clin fields checked in another edit, TNM Clin T,N,M, In Situ (COC).
- Description and logic updated to edit Carcinoma of Conjunctiva and Melanoma of Conjunctiva for TNM Path N and TNM Path M and only skip for TNM Path Stage Group
- Error messages updated to be more specific about coding problems
- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

**NAACCR v16D**

- Description, logic modified to skip if TNM Edition Number not = 07,U7
- Description, edit logic modified to omit comparison between clin TNM and stage group and path TNM and stage group values.
- Modified logic, format of character string, e.g. "pxxb", 2,3
- Logic corrected to skip for group 009, Mucosal Melanoma of Head and Neck
- Description, logic modified to not include pNX as allowable code for in situ carcinomas
- Corrected MATCH patterns (they were not precise enough for EDITS50)

**NAACCR v18**

- Typo corrected in second paragraph, cliical changed to clinical.
- Over-ride TNM Tis added to over-ride edit if codes reviewed and confirmed correct, allowing coding of in situ tumor with metastases to nodes or distant sites.
- Description, logic updated to pass for diagnosis date > 2017

**TNM Path T, Primary Site, Surgery - Ed 7 (MCR/COC)**

Agency: NONE

Last changed: 12/26/2018 15:29:32

*Edit Tag* MA2548***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions are true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Case is Autopsy Only (Type of Reporting Source = 6 or Class of Case = 38) or Death Certificate Only (Type of Reporting Source = 7 or Class of Case = 49)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

**TNM Path T, Primary Site, Surgery - Ed 7 (MCR/COC)**

4. TNM Path T is blank or 88
5. RX Summ--Surg Prim Site is blank
6. TNM Edition Number is not = 07, U7

Definitive surgical resection is required for TNM Path T except for the highest T category.

A. For the following TNM groups and specified TNM Path T codes, RX Summ--Surg Prim Site must be equal to or greater than 20 and not equal 99 (unknown):

1. TNM groups in List 1 (highest pT = 4B):  
TNM Path T = p1-p4A
2. TNM groups in List 2 (highest pT = 3C or 4)  
TNM Path T = p1-p3B
3. TNM groups in List 3 (highest pT = 4D):  
TNM Path T = p1-p4C
4. TNM group Placenta (Chapter 39), the highest pT = 2:  
TNM Path T = p1
5. TNM group Bone (Chapter 27)  
TNM group Vulva (Chapter 33), the highest pT = 3:  
TNM Path T = p1-p2
6. TNM group Soft Tissue (Chapter 28), the highest pT = 2B:  
TNM Path T = p1-p2A
7. TNM group Kidney (Chapter 43), the highest pT = 4:  
TNM Path T = p1-p3C
8. TNM group Retinoblastoma (Chapter 52), the highest pT = 4B:  
TNM Path T = p1-p4A
9. TNM group Carcinoma of the Lacrimal Gland (Chapter 53), the highest pT = 4C:  
TNM Path T = p1-p4B
10. TNM group Ciliary Body and Choroid (Chapter 51A), the highest pT = 4E:  
TNM Path T = p1-p4D

B. For the following TNM groups and specified TNM Path T codes, RX Summ--Surg Prim Site must be equal to or greater than 30 and not equal 99 (unknown):

1. TNM group Prostate (Chapter 41), the highest pT = 4. Prostate is an exception to the rule regarding definitive surgical resection being required for TNM Path T except for the highest T category. AJCC does not allow pathologic staging for T1, and allows pathologic staging based on biopsy for T3 and T4. Definitive surgical resection is required for T2, T2A, T2B, and T2C.  
TNM Path T = p2 - p2C
2. TNM group Urinary Bladder (Chapter 45), the highest pT = 4B:  
TNM Path T = p1-p4A

C. For TNM group Testis (Chapter 42), for p0, p1, p2, p3, RX Summ--Surg Prim Site must be equal to or greater than 40 and not equal 99 (unknown).

**TNM Path T, Primary Site, Surgery - Ed 7 (MCR/COC)**

LIST 1 - Highest pT = 4B \*\*\*\*\*

- The number next to each site group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7.

- 3. Lip and Oral Cavity
- 4. Pharynx
  - 4A. Oropharynx and Hypopharynx
  - 4D. Oropharynx
- 5. Larynx
  - 5A. Supraglottis, Subglottis, Other
  - 5B. Glottis
- 6. Nasal Cavity and Paranasal Sinuses
- 7. Major Salivary Glands
- 8. Thyroid Gland
  - 8A. Thyroid: Papillary/follicular, age less than 045
  - 8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999
  - 8C. Thyroid: Papillary/follicular, age equal 999 (unknown)
  - 8D. Thyroid: Medullary
  - 8E. Thyroid: Anaplastic
  - 8F. Thyroid: Anaplastic
- 9. Mucosal Melanoma of the Head and Neck
- 10. Esophagus and Esophagus Gastric Junction
  - 10A. Esophagus
  - 10B. Esophagus Gastric Junction
- 11. Stomach
- 13A. Appendix: Carcinoma
- 14. Colon and Rectum
- 31. Melanoma of the Skin
- 51. Malignant Melanoma of Uvea
  - 51B. Iris

LIST 2 - Highest pT = p3C or p4 \*\*\*\*\*  
 where next highest is no greater than 3B

- 4. Pharynx
  - 4B. Nasopharynx
    - Sites: C110, C112-C113, C118-C119
  - 4C. Nasopharynx
    - Sites: C111
    - Discriminator (CS Site-Specific Factor25):010
- 12. Small Intestine
- 13. Appendix
  - 13B. Appendix: Carcinoid
- 15. Anus
- 16. Gastrointestinal Stromal Tumor (GIST)
  - 16A. GIST: Gastric
  - 16B. GIST: Small Intestine
- 17. Neuroendocrine Tumors (NET)
  - 17A. NET: Stomach
  - 17B. NET: Small Intestine and Ampulla of Vater
  - 17C. NET: Colon and Rectum
- 20. Gallbladder
- 21. Perihilar Bile Ducts
- 22. Distal Bile Duct
- 23. Ampulla of Vater
- 24. Exocrine and Endocrine Pancreas

**TNM Path T, Primary Site, Surgery - Ed 7 (MCR/COC)**

25. Lung  
 26. Pleural Mesothelioma  
 29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas  
 30. Merkel Cell Carcinoma  
 34. Vagina  
 35. Cervix Uteri  
 36. Corpus Uteri  
 36A. Corpus Uteri: Carcinomas  
 36B. Corpus Uteri: Leiomyosarcoma and Endometrial Stromal Sarcoma  
 36C. Corpus Uteri: Adenosarcoma  
 37. Ovary and Peritoneal Carcinomas  
 37A. Ovary  
     Sites: C569  
 37B. Peritoneal Carcinomas  
     Sites: C481-C482, C488 (Sex = 2,female) and  
     Discriminator (CS Site-Specific Factor 25) = 002  
 38. Fallopian Tube  
 40. Penis  
 42. Testis  
 44. Renal Pelvis and Ureter  
 46. Urethra  
     46A. Urethra - Female  
     46B. Urethra - not Female  
 47. Adrenal  
 47A. Adrenal Cortex  
 47B. Adrenal Cortical Carcinoma  
 48. Carcinoma of the Eyelid  
 50. Malignant Melanoma of the Conjunctiva  
 54. Sarcoma of the Orbit  
 57. Lymphoid Neoplasms  
     57B. Primary Cutaneous Lymphomas

LIST 3 - Highest pT = p4D \*\*\*\*\*

32. Breast  
 49. Conjunctiva  
 55. Ocular Adnexal Lymphoma

***Administrative Notes***

New edit - added to NAACCR v16 metafile

**Modifications****NAACCR v16A**

- Logic corrected to use table AC7G2016.DBF in lookup for site/histology groups

**NAACCR v16B**

- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

**NAACCR v16C**

- In the SEER\*Edits software the title of this edit is IF602

**TNM Stage, Date Dx,Type Report Source (MCR/NPCR)**

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7
- Modified logic, format of character string, e.g. "pxxb", 2,3
- Evaluation of Liver, site/histo group 18, and Intrahepatic Bile Ducts, site/histo group 19, removed from edit. Pathologic staging criteria do not include evaluation of surgically resected specimen.

v18B: copied logic from new version of COC edit and added MCR's Class of Case skips

MCR modification is to skip autopsy-only and DCO using Class of Case in addition to Type of Reporting Source.

**TNM Stage, Date Dx,Type Report Source (MCR/NPCR)**

Agency: NONE

Last changed: 12/26/2018 15:35:31

*Edit Tag* MA2549***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks that TNM Clin Stage Group and TNM Path Stage Group are not blank for date of diagnosis 2016 and greater. TNM Clin Stage Group and TNM Path Stage Group are allowed to be blank if Autopsy-Only (Type of Reporting Source = 6) or DCO (Type of Reporting Source = 7).

The edit skips (passes) for Class of Case = 38 (Autopsy-Only) or Class = 49 (DCO).

This edit is skipped if Year of Date of Diagnosis is less than 2016, greater than 2017, or blank.

***Administrative Notes***

New Edit for NAACCR v16

MCR modification is to define Autopsy-Only and DCO using Class of Case in addition to Type of Reporting Source.

v18B: added skip for diagnoses 2018+

**TNM T, Breast, Inflam Carcinoma (COC)**

Agency: COC

Last changed: 04/04/2018 20:26:10

*Edit Tag* N2272

**TNM T, Clin and Path Stage, Behavior 2 (COC)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Primary Site not = C500-C509
5. TNM Clin T and TNM Path T are both blank, 88

If Histologic Type ICD-O-3 = 8530 (inflammatory carcinoma)  
Then

TNM Clin T must = c4D or TNM Path T must = p4D

***Administrative Notes***

New edit - added to NAACCR v16 metafile  
SEER IF589

**Modifications**

NAACCR v16D  
- EC removed from Administrative Note

NAACCR v18  
- Name changed, (CoC) to (COC)

**TNM T, Clin and Path Stage, Behavior 2 (COC)**

Agency: COC

Last changed: 05/17/2018 21:13:16

Edit Tag N2274

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016 or greater than 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)

**TNM T, Clin and Path Stage, Behavior 2 (COC)**

- 3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
- 4. TNM Edition Number not = 07, U7

Note: The number next to each TNM group indicates the chapter in the AJCC Cancer Staging Manual, Edition 7. The subheadings (A, B, etc.) refer to site/histology groups listed in the edit Primary Site, Stage Group 2016 - Ed 7.

A. For the following TNM Group/TNM Clin T or TNM Path T code combinations, Behavior Code ICD-O-3 may = 2 or 3. These TNM Group/TNM Clin T or TNM Path T code combinations are passed (excluded from further editing). If TNM Path T is blank, the edit checks the values in TNM Clin T. If TNM Path T is not blank, the edit checks the values in TNM Path T.

1. TNM Group Breast (32):

TNM Clin T = pIS and Histologic Type ICD-O-3 = 8540,8541, and 8543 (codes indicating Paget disease).

TNM Path T = pIS and Histologic Type ICD-O-3 = 8540,8541, and 8543 (codes indicating Paget disease).

2. TNM Group Penis (40):

TNM Clin T = pA (verrucous carcinoma)

TNM Path T = pA (verrucous carcinoma)

3. TNM Group Urinary Bladder (45):

TNM Clin T = pIS (tumors described as "confined to mucosa")

TNM Path T = pIS (tumors described as "confined to mucosa")

B. For all other TNM Groups except Colon and Rectum (14), Carcinoma of Appendix (13A), NET Stomach (17A), Melanoma of Conjunctiva (50)

1. If TNM Path T is blank,

if TNM Clin T = pA, pIS, pISU, pISD, and TNM Clin Stage Group = 0,0A,0S, or 0IS

then Behavior Code ICD-O-3 must = 2.

2. If TNM Path T = pA, pIS, pISU, pISD, and TNM Path Stage Group = 0,0A,0s, or

0IS and TNM Path Descriptor is not = 4 or 6 (Codes indicating pathologic staging after multimodality treatment)

Then Behavior Code ICD-O-3 must = 2

Note: The four exceptions listed in B are site/histology groups where AJCC maps an extension considered "invasive" by ICD-O-3 to a "Tis" category.

**Administrative Notes**

New edit - added to NAACCR v16 metafile  
SEER IF603

**Modifications****NAACCR v16B**

- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

**TNM T, Clin and Path Stage, Behavior 3 (COC)****NAACCR v16D**

- Added skip if TNM Edition Number not = 07,U7
- Modified logic, format of character string, e.g. "pxxb", 2,3
- IF604 in Administrative Notes corrected to IF603
- Description, logic updated to delete occult carcinoma of Lung from list of site/histologies which can be coded with behavior /2 or /3

**NAACCR v18**

- Description, logic modified to require in situ stage group as well as in situ T category for behavior code /2.
- Name changed, (CoC) to (COC)
- Description, logic modified to skip if diagnosis year > 2017

**TNM T, Clin and Path Stage, Behavior 3 (COC)**

Agency: COC

Last changed: 05/17/2018 21:14:34

*Edit Tag N2275****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016 or greater than 2017, blank (unknown), or invalid.
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. All TNM fields are coded 88 (AJCC staging not applicable)
  - TNM Clin T = 88
  - TNM Clin N = 88
  - TNM Clin M = 88
  - TNM Clin Stage Group = 88
  - TNM Path T = 88
  - TNM Path N = 88
  - TNM Path M = 88
  - TNM Path Stage Group = 88
5. If all of the following conditions are true, fields have probably been defaulted and the edit is skipped:
  - TNM Clin T = cX
  - TNM Clin N = cX
  - TNM Clin M = cX
  - TNM Clin Stage Group = 99
  - TNM Path T = pX
  - TNM Path N = pX
  - TNM Path M = pX, cX
  - TNM Path Stage Group = 99
6. TNM Edition Number not = 07, U7



**TNM T, Deep Sites Soft Tissue (COC)**

Not in situ, Behavior ICD-O-3 = 3

Note: The edit will pass if TNM Clin T, TNM Clin Stage Group, TNM Path T, and TNM Path Stage Group are blank. The edit will not pass if some but not all of these 4 fields are coded 88.

For all TNM Groups:

- A. If TNM Path T and TNM Path Stage Group are empty:  
     If TNM Clin T is not pIS, pA, pISU, pISD  
     and TNM Clin Stage Group is not 0, 0A, 0IS  
     Then Behavior Code ICD-O-3 must = 3.
- B. If TNM Path T and TNM Path Stage Group are not empty:  
     If TNM Path T is not pIS, pA, pISU, pISD  
     and TNM Clin Stage Group is not 0, 0A, 0IS  
     and TNM Path Stage Group is not 0, 0A, 0IS  
     Then Behavior Code ICD-O-3 must = 3

***Administrative Notes***

New edit - added to NAACCR v16 metafile. EC  
 SEER IF590

**Modifications****NAACCR v16B**

- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

**NAACCR v16D**

- Added skip if TNM Edition Number not = 07,U7

**NAACCR v18**

- Name changed, (CoC) to (COC)  
 - Description, logic modified to skip if diagnosis year > 2017

**TNM T, Deep Sites Soft Tissue (COC)**

Agency: COC

Last changed: 07/21/2018 16:43:33

*Edit Tag* N2276

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**TNM T, N, M - No Primary Found (COC)****Description**

Purpose: This edit verifies that TNM T is coded as deep tumor for certain Soft Tissue Sarcoma

sites: heart/mediastinum, peritoneum, and retroperitoneum.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. TNM Clin T and TNM Path T are blank or 88
5. TNM Edition Number not = 07, U7

For soft tissue sarcoma:

If site = C380-C383, C388 (8800-8820, 8823-8935, 8940-9136, 9142-9582),  
 C481-C482, C488 (8800-8820, 8823-8934, 8940-9136, 9142-9582 (not female),  
 C481-C482, C488 (8800-8820, 8823-8921, 9120-8136, 9142-9582 (female  
 only), or  
 C480 (8800-8820, 8823-8934, 8940-9136, 9140-9582)  
 then TNM Clin T must = c1B, c2B, cX or blank,  
 and TNM Path T must = p1B, p2B, pX, or blank if TNM Path Descriptor not = 4 or 6  
 (neoadjuvant treatment given).

**Administrative Notes**

New edit - added to NAACCR v16 metafile.

SEER IF604

**Modifications**

NAACCR v16D

- Added skip if TNM Edition Number not = 07,U7

- SEER IF605 in Administrative Notes corrected to IF604

NAACCR v18

- Check on TNM Path T skipped if TNM Path Descriptor = 4 or 6

**TNM T, N, M - No Primary Found (COC)**

Agency: COC

Last changed: 05/17/2018 21:16:25

Edit Tag N2278

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**TNM T, N, M - No Primary Found (COC)*****Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016 or greater than 2017, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
2. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)

This edit requires that there is some evidence for tumor involvement of nodal or metastatic sites if there is no evidence of primary tumor.

For all site/histology groups:

If there is no evidence of primary tumor clinically and no pathologic assessment of tumor, nodes or metastasis must be known clinically or pathologically:

If TNM Clin T = c0

Then

TNM Clin N, TNM Clin M, TNM Path T, TNM Path N and TNM Path M must not all equal c/p0, c/pX, or blank

If there is no evidence of primary tumor on pathologic examination, there must be some other evidence of tumor clinically or pathologically:

If TNM Path T = p0

Then

TNM Clin T, TNM Clin N, TNM Clin M, TNM Path N and TNM Path M must not all equal c/p0, c/pX, or blank

***Administrative Notes***

New edit - added to NAACCR v16 metafile  
SEER IF592

**Modifications****NAACCR v16D**

- Edit logic reworked to correct MATCH masks. Wrote a replacement implementation using AT() function; much more readable and maintainable. See KB notes in logic.

**NAACCR v18**

- Name changed, (CoC) to (COC)
- Description, logic modified to skip for diagnosis year > 2017

TNM T, SSize, Site Spec - Ed 7 (COC)

**TNM T, SSize, Site Spec - Ed 7 (COC)**

Agency: COC

Last changed: 03/09/2019 14:17:27

*Edit Tag N2287****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)
3. Histologic Type ICD-O-3 is blank
4. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
5. Site/Histology where T is not dependent on tumor size
6. TNM Clin T and TNM Path T are both blank or 88
7. Tumor Size Summary is blank or 999
8. TNM Edition Number not = 07, U7

TNM Clin T and TNM Path T may be blank. If entered, they will be edited site-specifically. The edit will first compare Tumor Size Summary to pT category entered in TNM Path T, and then to cT category entered in TNM Clin T. The edit comparisons will proceed as follows:

1. If TNM PATH T is empty:
  - a. TNM Clin T and Tumor Size Summary: Pass, edit passes
  - b. TNM Clin T and Tumor Size Summary: Fail, edit fails
2. If TNM Path T is coded:
  - a. TNM Path T and Tumor Size Summary: Pass, edit passes.
  - b. TNM Path T and Tumor Size Summary: Fail
    1. If TNM Clin T is empty, edit fails
    2. If TNM Clin T is coded:
      - a. TNM Clin T and Tumor Size Summary: Pass, edit passes
      - b. TNM Clin T and Tumor Size Summary: Fail, edit fails

"989", "989 millimeters or larger", is the largest possible size for Tumor Size Summary. 990 (microscopic focus) will be accepted for c/p1 (c/p1A, c/p1MI) for all sites/histologies included in this edit.

The site-specific TNM Clinical T values with the corresponding clinical tumor size in millimeters are listed below. The number next to each site title indicates the respective chapter in the AJCC Cancer Staging Manual, Edition 7. The list includes only those sites/histology groups where clinical T is based on clinical tumor size. The site/histology

**TNM T, SSize, Site Spec - Ed 7 (COC)**

groups are identified by site and histology in the edits Primary Site, AJCC Stage Group 2016 -

Ed 7 (COC), Primary Site, Stage Group 2016 - Ed 7 (NPCR), and Primary Site, Stage Group 2016 -

Ed 7 (SEER). Subdivision of the 4A site/histology group, Oropharynx and Hypopharynx, was required for this edit; the site codes for Hypopharynx were removed to site group 4E.

**3. Lip and Oral Cavity**

|                 |              |         |         |
|-----------------|--------------|---------|---------|
| TNM T:          | 1            | 2       | 3       |
| Tumor Size Summ | 001-020, 990 | 021-040 | 041-989 |

**4. Pharynx****4A. Oropharynx and Hypopharynx**

Division for T category:

4A. Oropharynx only

Sites: C019, C024, C051-C052, C090-C091, C098-C099, C100, C102-C104, C108-C109

|                 |              |         |
|-----------------|--------------|---------|
| TNM T:          | 1            | 2       |
| Tumor Size Summ | 001-020, 990 | 021-040 |

4E. Hypopharynx

Sites: C129, C130-C139

|            |              |
|------------|--------------|
| TNM T:     | 1            |
| Tumor Size | 001-020, 990 |

**4D. Oropharynx**

|                 |              |         |
|-----------------|--------------|---------|
| TNM T:          | 1            | 2       |
| Tumor Size Summ | 001-020, 990 | 021-040 |

**7. Major Salivary Glands**

|                 |              |         |
|-----------------|--------------|---------|
| TNM T:          | 1            | 2       |
| Tumor Size Summ | 001-020, 990 | 021-040 |

**8. Thyroid Gland**

8A. Thyroid: Papillary/follicular, age less than 045

8B. Thyroid: Papillary/follicular, age greater than or equal 045 but not 999

8C. Thyroid: Papillary/follicular, age equal 999 (unknown)

8D. Thyroid: Medullary

|                 |              |              |         |
|-----------------|--------------|--------------|---------|
| TNM T:          | 1            | 1A           | 1B      |
| 2               |              |              |         |
| Tumor Size Summ | 001-020, 990 | 001-010, 990 | 011-020 |
|                 |              |              | 021-040 |

**13. Appendix****13B. Appendix: Carcinoid**

|        |   |    |    |
|--------|---|----|----|
| TNM T: | 1 | 1A | 1B |
|--------|---|----|----|

**TNM T, SSize, Site Spec - Ed 7 (COC)**

|                 |              |              |         |
|-----------------|--------------|--------------|---------|
| Tumor Size Summ | 001-020, 990 | 001-010, 990 | 011-020 |
|-----------------|--------------|--------------|---------|

## 15. Anus

|        |   |   |   |
|--------|---|---|---|
| TNM T: | 1 | 2 | 3 |
|--------|---|---|---|

|                 |              |         |         |
|-----------------|--------------|---------|---------|
| Tumor Size Summ | 001-020, 990 | 021-050 | 051-989 |
|-----------------|--------------|---------|---------|

## 16. Gastrointestinal Stromal Tumor (GIST)

16A. GIST: Gastric

16B. GIST: Small Intestine

|        |   |   |   |
|--------|---|---|---|
| TNM T: | 1 | 2 | 3 |
|        | 4 |   |   |

|                 |              |         |         |         |
|-----------------|--------------|---------|---------|---------|
| Tumor Size Summ | 001-020, 990 | 021-050 | 051-100 | 101-989 |
|-----------------|--------------|---------|---------|---------|

## 17. Neuroendocrine Tumors (NET)

17A. NET: Stomach

17B. NET: Small Intestine

|        |   |
|--------|---|
| TNM T: | 1 |
|--------|---|

|                 |              |
|-----------------|--------------|
| Tumor Size Summ | 001-010, 990 |
|-----------------|--------------|

17D. NET: Ampulla

|        |   |   |
|--------|---|---|
| TNM T: | 1 | 2 |
|--------|---|---|

|                 |              |         |
|-----------------|--------------|---------|
| Tumor Size Summ | 001-010, 990 | 011-989 |
|-----------------|--------------|---------|

## 24. Exocrine and Endocrine Pancreas

|        |   |   |
|--------|---|---|
| TNM T: | 1 | 2 |
|--------|---|---|

|                 |              |         |
|-----------------|--------------|---------|
| Tumor Size Summ | 001-020, 990 | 021-989 |
|-----------------|--------------|---------|

## 25. Lung

|        |   |    |    |
|--------|---|----|----|
| TNM T: | 1 | 1A | 1B |
|--------|---|----|----|

|                 |              |              |          |
|-----------------|--------------|--------------|----------|
|                 | 2A           | 2B           |          |
| Tumor Size Summ | 001-030, 990 | 001-020, 990 | 021-030  |
| 990 051-070     |              |              | 001-050, |

## 27. Bone

|        |   |   |
|--------|---|---|
| TNM T: | 1 | 2 |
|--------|---|---|

|                 |              |         |
|-----------------|--------------|---------|
| Tumor Size Summ | 001-080, 990 | 081-989 |
|-----------------|--------------|---------|

## 28. Soft Tissue Sarcoma

|        |   |   |
|--------|---|---|
| TNM T: | 1 | 2 |
|--------|---|---|

|                 |              |         |
|-----------------|--------------|---------|
| Tumor Size Summ | 001-050, 990 | 051-989 |
|-----------------|--------------|---------|

## 29. Cutaneous Squamous Cell Carcinoma and other Cutaneous Carcinomas

|        |   |
|--------|---|
| TNM T: | 1 |
|--------|---|

|                 |              |
|-----------------|--------------|
| Tumor Size Summ | 001-020, 990 |
|-----------------|--------------|

**TNM T, SSize, Site Spec - Ed 7 (COC)**

## 31. Merkel Cell Carcinoma

|        |   |   |   |
|--------|---|---|---|
| TNM T: | 1 | 2 | 3 |
|--------|---|---|---|

|                 |              |         |         |
|-----------------|--------------|---------|---------|
| Tumor Size Summ | 001-020, 990 | 021-050 | 051-989 |
|-----------------|--------------|---------|---------|

## 32. Breast

|        |   |    |    |
|--------|---|----|----|
| TNM T: | 1 | 1M | 1A |
|--------|---|----|----|

|                 |              |              |              |         |
|-----------------|--------------|--------------|--------------|---------|
|                 | 1B           | 1C           | 2            |         |
| Tumor Size Summ | 001-020, 990 | 001-001, 990 | 001-005, 990 | 005-010 |
|                 | 011-020      | 021-050      |              |         |

|         |
|---------|
| 3       |
| 051-989 |

## 43. Kidney

|        |   |    |    |
|--------|---|----|----|
| TNM T: | 1 | 1A | 1B |
|--------|---|----|----|

|                 |              |              |         |         |
|-----------------|--------------|--------------|---------|---------|
|                 | 2            | 2A           | 2B      |         |
| Tumor Size Summ | 001-070, 990 | 001-040, 990 | 041-070 | 071-989 |
|                 | 071-100      | 101-989      |         |         |

## 47. Adrenal

47A. Adrenal Cortex

47B. Adrenal Cortical Carcinoma

|        |   |   |
|--------|---|---|
| TNM T: | 1 | 2 |
|--------|---|---|

|                 |              |         |
|-----------------|--------------|---------|
| Tumor Size Summ | 001-050, 990 | 051-989 |
|-----------------|--------------|---------|

## 49. Conjunctiva

|        |   |   |
|--------|---|---|
| TNM T: | 1 | 2 |
|--------|---|---|

|                 |              |         |
|-----------------|--------------|---------|
| Tumor Size Summ | 001-005, 990 | 006-989 |
|-----------------|--------------|---------|

## 53. Carcinoma of the Lacrimal Gland

|        |   |   |   |
|--------|---|---|---|
| TNM T: | 1 | 2 | 3 |
|--------|---|---|---|

|                 |              |         |         |
|-----------------|--------------|---------|---------|
| Tumor Size Summ | 001-020, 990 | 021-040 | 041-989 |
|-----------------|--------------|---------|---------|

## 54. Sarcoma of the Orbit

|        |   |   |
|--------|---|---|
| TNM T: | 1 | 2 |
|--------|---|---|

|                 |              |         |
|-----------------|--------------|---------|
| Tumor Size Summ | 001-015, 990 | 016-989 |
|-----------------|--------------|---------|

**Administrative Notes**

New edit - added to NAACCR v16 metafile

## Modifications

**TNM T3, Carcinoma of Skin (COC)****NAACCR v16A**

- Corrected logic for first INLIST of primary sites for site/histology group 57!, 000-419-440 changed to 000-440
- Corrected edit logic to include 9727 as lymphoma rather than lymphoma/leukemia code, to delete 9728-9729 as obsolete codes
- Added Group 57C, C420, C421, C424, 9811-9818, 9837, to Edit Logic

**NAACCR v16B**

- Description updated to reference 3 edits where site/histology groups are identified: Primary Site, AJCC Stage Group 2016 - Ed 7 (COC), Primary Site, Stage Group 2016 - Ed 7 (NPOCR), and Primary Site, Stage Group 2016 - Ed 7 (SEER).
- Description corrected to show size range of 001-050, 990 for group 025,T2A, Lung.
- Logic updated to pass Tumor Size Summary of 990 for T2A, Lung
- Tables referenced by edit updated to include size range of 001-050 for T2A, Lung.
- Corrected edit logic for assigning site/histology group 011 to group 10B or 999 based on histology and CS Site-Specific Factor 25

**NAACCR v16C**

- Updated Administrative Notes to show this is a new edit for NAACCR v16, not NAACCR v15

**NAACCR v16D**

- Added skip if TNM Edition Number not = 07,U7
- Reformatted logic statements for greater clarity (edit returns not changed)

**NAACCR v18**

- Name changed, (CoC) to (COC), ICDO3 removed

**NAACCR v18C**

- Comments added to clarify logic

**TNM T3, Carcinoma of Skin (COC)**

Agency: COC

Last changed: 04/04/2018 20:29:56

*Edit Tag* N2326***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Purpose: This edit verifies that TNM T3 (Tumor with invasion of maxilla, mandible, orbit, or temporal bone) is coded for carcinomas of the head and neck only.

This edit is skipped if any of the following conditions is true:

1. Year of Date of Diagnosis is less than 2016, blank (unknown), or invalid
2. Type of Reporting Source = 7 (Death Certificate Only)



**Tobacco History (MCR-CIMS)**

3. Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
4. Site/histology group is not 029 (Carcinoma of Skin)
5. TNM Clin T and TNM Path T are blank or 88

This edit is evaluated only for Carcinomas of Skin, site/histology group 29. Sites, histologies included in this group are identified in the edit Primary Site, Stage Group 2016 - Ed 7.

For Carcinomas of Skin

If TNM Clin T = c3 or TNM Path T = p3,  
then primary site must = C440, C442-C444, C448-C449

***Administrative Notes***

New edit - added to NAACCR v16 metafile.

**Modifications****NAACCR v16D**

- Edit logic updated to correctly edit for histology codes included in site/histology group 029.

**NAACCR v18**

- Name changed, extra space removed, (CoC) to (COC)

**Tobacco History (MCR-CIMS)**

Agency: NONE

Last changed: 12/26/2018 15:42:35

*Edit Tag* MA2550

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Old Tobacco History code (retired from the NAACCR layout) is collected in column 3101 in the

Version 18 record layout (State/Requestor area). Can't be blank. Valid codes are from the COC's

ROADS Manual:

- 0 never used tobacco
- 1 current cigarette smoker
- 2 current cigar/pipe smoker
- 3 current snuff/chew tobacco user
- 4 current combination use (1-3)
- 5 former smoker/previous tobacco use
- 9 unknown

**Total Dose (COC)**

The field refers to the use of tobacco. The use of nicotine products that don't involve tobacco is not included. The field is not identical to newer fields collected for NPCR-CER projects.

***Administrative Notes***

The edit is based on an old edit named "Tobacco History (COC)".

v18B: expanded description

**Total Dose (COC)**

Agency: COC

Last changed: 02/21/2018 17:46:48

Edit Tag N2561

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This data item identifies the total radiation dose administered to the patient across all phases during the first course of treatment. The unit of measure is centiGray (cGy).

1. The data item may be blank. Other edits checks that the item is recorded according to standard setter requirements by date.
2. Must be right-justified, zero-filled.
3. Must be a valid code for Total Dose: 000000-999999.

000000: No therapy administered  
000001-999997: Actual dose delivered in cGy  
999998: Not applicable, brachytherapy or radioisotopes administered to the patient  
999999: Radiation therapy was administered, but the dose is unknown  
Unknown whether radiation therapy was administered

***Administrative Notes***

New edit - added to NAACCR v18 metafile

**Tumor Deposits, Colorectal, EOD Regional Nodes (SEER)**

Agency: SEER

Last changed: 04/03/2019 14:28:04

**Tumor Deposits, Colorectal, Summary Stage 2018 (MCR/NAACCR)***Edit Tag* N3960***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Tumor Deposits SSDI is coded consistently with EOD Regional Nodes.

1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
  - b. Schema ID is not 00200
  - c. Tumor Deposits is blank or X8 (not applicable)
  - d. EOD Regional Nodes is blank
2. If Tumor Deposits = 00 (no tumor deposits) or X9 (not assessed), EOD Regional Nodes must not = 200 (tumor deposits without nodal involvement)
3. If Tumor Deposits = 01-99, X1, or X2 (tumor deposits), EOD Regional Nodes must = 200 (tumor deposits), 300, or 800 (regional nodes).

***Administrative Notes***

New edit - NAACCR v18C metafile

**Tumor Deposits, Colorectal, Summary Stage 2018 (MCR/NAACCR)****Agency:** NONE**Last changed:** 04/15/2019 21:17:13*Edit Tag* MA5043***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that the Tumor Deposits SSDI is coded consistently with Summary Stage 2018.

1. The edit is skipped for the following conditions:
  - a. Diagnosis date is before 2018, blank (unknown), or invalid.
  - b. Schema ID not = 00200.

**Tumor Deposits, Colorectal, Surgery (NAACCR)**

- c. Tumor Deposits is blank or X8 (not applicable).
- d. Summary Stage 2018 is blank

- 2. The edit verifies that if Tumor Deposits is coded 01-99, X1, or X2 (tumor deposits identified), Summary Stage 2018 must not = 0, 1, or 2 (in situ, local, or regional by direct extension only).

***Administrative Notes***

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019.

**Tumor Deposits, Colorectal, Surgery (NAACCR)**

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

*Edit Tag* N6084

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit verifies that Tumor Deposits SSDI is coded consistently with RX Summ--Surg Prim Site.

- 1. This edit is skipped if any of the following conditions is true:
  - a. Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
  - b. Schema ID is not 00200
  - c. Tumor Deposits is blank or X8 (not applicable)
  - d. RX Summ--Surg Prim Site is blank
- 2. If RX Summ-Surg Prim Site = 00 (no surgery), 10-14 (tumor destruction without pathology specimen), or 20-29 (local excision)  
Tumor Deposits must = X9 (no surgical resection of primary site)

***Administrative Notes***

New edit - NAACCR v18C metafile

## Tumor Deposits, Date DX (NAACCR)

**Tumor Deposits, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 08/15/2018 22:02:46

*Edit Tag* N2692***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Tumor Deposits code or blank:
  - 00: No tumor deposits
  - 01-99: 01-99 Tumor Deposits  
(Exact number of Tumor Deposits)
  - X1: 100 or more Tumor Deposits
  - X2: Tumor Deposits identified, number unknown
  - X8: Not applicable: Information not collected for this case
  - X9: Not documented in medical record
    - Cannot be determined by the pathologist
    - Pathology report does not mention tumor deposits
    - No surgical resection done
    - Tumor Deposits not assessed or unknown if assessed

3. Numeric values must be right-justified and zero-filled.

Another edit, Tumor Deposits, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Tumor Deposits, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/09/2019 12:04:17

*Edit Tag* MA2992***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Tumor Growth Pattern, Date DX (NAACCR)****Description**

1. The edit is skipped for any of the following conditions:
  - a. Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - b. Schema ID is blank.
  - c. Type of Reporting Source = 7 (Death Certificate Only)
2. This edit verifies that Tumor Deposits is not "X8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00200: Colon and Rectum

**Administrative Notes**

New edit - NAACCR v18 metafile

18C: MCR modification is to require the field 2019+ instead of 2018+.

**Tumor Growth Pattern, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2723

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.
2. Must be a valid Tumor Growth Pattern code or blank:
  - 1: Mass-forming
  - 2: Periductal infiltrating
  - 3: Mixed mass-forming and periductal infiltrating
  - 8: Not applicable: Information not collected for this case
  - 9: Not documented in medical recordPathology report does not mention tumor growth pattern  
Cannot be determined by the pathologist

**Tumor Growth Pattern, Schema ID, Required (MCR/NAACCR)**

Tumor Growth Pattern not assessed or unknown if assessed

Another edit, Tumor Growth Pattern, Schema ID, Required (NAACCR), checks that the item is coded by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Tumor Growth Pattern, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/09/2019 12:00:01

*Edit Tag* MA2966***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Tumor Growth Pattern is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00230: Intrahepatic Bile Ducts

***Administrative Notes***

New edit - NAACCR v18 metafile

**Tumor Size 998, Schema ID (MCR/NAACCR)**

18C: MCR modification is to require the field 2019+ instead of 2018+.

## Tumor Size 998, Schema ID (MCR/NAACCR)

Agency: NAACCR

Last changed: 07/19/2019 01:09:07

*Edit Tag* N6129

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

This edit is skipped if Diagnosis date < 2019, empty (unknown), or in error.

1. If Tumor Size Summary, Tumor Size Clinical, or Tumor Size Pathologic is coded 998, Schema ID must =

- 00161 - Esophagus (including GE junction) Squamous
- 00169 - Esophagus (including GE junction) (excluding Squamous)
- 00170 - Stomach
- 00200 - Colon and Rectum
- 00290 - NET Stomach
- 00330 - NET Colon and Rectum
- 00360 - Lung
- 00370 - Pleural Mesothelioma
- 00400 - Soft Tissue Head and Neck
- 00410 - Soft Tissue Trunk and Extremities
- 00421 - Soft Tissue Abdomen and Thoracic
- 00430 - GIST
- 00450 - Soft Tissue Other
- 00470 - Melanoma Skin
- 00480 - Breast

### *Administrative Notes*

New edit NAACCR v18D

18D: MCR modification is to add Breast to the schemas accepting code 998.

## Tumor Size 999, Schema ID (NAACCR)

Agency: NAACCR

Last changed: 07/19/2019 01:09:44

*Edit Tag* N6130



**Tumor Size Clin, Path, Summ (NAACCR)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if Diagnosis date < 2019, empty (unknown), or in error.  
 This edit is skipped if Histologic Type ICD-O-3 = 9930/3 (myeloid sarcoma) or 9731 or 9734 (plasmacytoma).

1. Tumor Size Summary, Tumor Size Clinical, and Tumor Size Pathologic must be 999 or blank if Schema ID =

00458 - Kaposi Sarcoma  
 00671 - Melanoma Iris  
 00672 - Melanoma Choroid and Ciliary Body  
 00710 - Lymphoma Ocular Adnexa  
 00790 - Lymphoma  
 00795 - Lymphoma-CLL/SLL  
 00821 - Plasma Cell Myeloma  
 00822 - Plasma Cell Disorders  
 00830 - HemeRetic

***Administrative Notes***

New edit NAACCR v18D

**Tumor Size Clin, Path, Summ (NAACCR)**

Agency: NAACCR

Last changed: 04/03/2019 14:28:04

Edit Tag N5028

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit checks that Tumor Size Summary is coded based on Tumor Size Pathologic when surgical resection is performed and with no prior neoadjuvant treatment.

1. This edit is skipped under the following conditions:
  - a. Date of diagnosis = pre-2019, blank (unknown) or invalid.
  - b. Tumor Size Clinical and Tumor Size Pathologic are both blank
  - 1 c. Tumor Size Summary is blank

2. If Tumor Size Pathologic is not blank and not = 000 or 999, Tumor Size

**Tumor Size Clinical (SEER)**

Summary = Tumor Size Pathologic when RX Summ--Surg Prim Site = 30-90 and RX Summ--Surg/Rad Seq not = 2 (radiation before surgery) or 4 (radiation before and after surgery), and RX Summ--Systemic/Sur Seq not = 2 (systemic therapy before surgery), or 4 (systemic therapy before and after surgery)

3. Tumor Size Summary = Tumor Size Clinical when Tumor Size Pathologic is blank or = 000 or 999 or RX Summ--Surg Prim Site = 00 or RX Summ--Surg/Rad Seq = 2 or 4 or RX Summ--Systemic/Sur Seq = 2 or 4.

***Administrative Notes***

New edit - NAACCR v18C metafile

**Tumor Size Clinical (SEER)**

Agency: SEER

Last changed: 03/21/2016

Edit Tag N2143

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid three-digit number (000-990, 998, 999) or blank.

***Administrative Notes***

New Edit for NAACCR v16

**Tumor Size Clinical, Date of Diagnosis (MCR/SEER)**

Agency: NONE

Last changed: 10/15/2019 14:41:27

Edit Tag MA2144

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Tumor Size Clinical, Primary Site (SEER)****Description**

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2018, then Tumor Size Clinical cannot be blank.

If year of Date of Diagnosis is less than 2016, Tumor Size Clinical must be blank

**Administrative Notes**

New edit for v16 metafile  
SEER IF551

**Modifications**

NAACCR v18  
- Name changed, extra space removed

18C: MCR modification is to require the field 2019+ instead of 2016+. (In 18D, the SEER edit skips for Massachusetts for 2016-2017, but still requires the tumor size field for 2018 diagnoses.)

**Tumor Size Clinical, Primary Site (SEER)**

Agency: SEER

Last changed: 05/18/2016

Edit Tag N2327

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

If Tumor Size Clinical[752] is coded 998, primary site must be coded C199, C209, C180, C182-C189, C150-C155, C158, C159, C160-C166, C168, C169, C340-C343, C348, C349, C500-C506, C508, C509. (Sites listed in NAACCR Data Dictionary)

**Administrative Notes**

New edit for v16, EC

In the SEER\*Edits software, the title of this edit is: IF552

**Tumor Size Pathologic (SEER)**

Agency: SEER

Last changed: 03/21/2016

Edit Tag N2145

**Tumor Size Pathologic, Date of Diagnosis (MCR/SEER)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid three-digit number (000-990, 998, 999) or blank.

***Administrative Notes***

New Edit for NAACCR v16

**Tumor Size Pathologic, Date of Diagnosis (MCR/SEER)**

Agency: NONE

Last changed: 10/15/2019 14:44:25

*Edit Tag* MA2407

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2018, then Tumor Size Pathologic cannot be blank.

If year of Date of Diagnosis is less than 2016, then Tumor Size Pathologic must be blank.

***Administrative Notes***

New edit for v16 metafile

SEER IF554

Modifications

NAACCR v18

- Name changed, extra space removed

18C: MCR modification is to require the field 2019+ instead of 2016+. (In 18D, the SEER edit skips for Massachusetts for any diagnosis year.)

**Tumor Size Pathologic, Primary Site (SEER)**

Agency: SEER

Last changed: 05/18/2016

EditWriter 5

1292

10/17/2019 02:45 PM

**Tumor Size Summary (NPCR)***Edit Tag N2328****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

If Tumor Size Pathologic is coded 998, primary site must be coded C199, C209, C180, C182-C189, C150-C155, C158, C159, C160-C166, C168, C169, C340-C343, C348, C349, C500-C506, C508, C509. (Sites listed in NAACCR Data Dictionary)

***Administrative Notes***

New edit for v16, EC

In the SEER\*Edits software, the title of this edit is: IF555

**Tumor Size Summary (NPCR)**

Agency: NPCR

Last changed: 06/05/2016

*Edit Tag N2147****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

Must be a valid three-digit number (000-990, 998, 999) or blank.

***Administrative Notes***

New Edit for NAACCR v16

**Tumor Size Summary, Date of Diagnosis (NPCR)**

Agency: NPCR

Last changed: 06/15/2016

*Edit Tag N2148****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Tumor Size Summary, Primary Site (COC)****Description**

If year of Date of Diagnosis is blank, this edit is skipped.

If year of Date of Diagnosis is greater than 2015, then Tumor Size Summary cannot be blank.

**Administrative Notes**

Added to the v16 metafile

**Tumor Size Summary, Primary Site (COC)**

Agency: COC

Last changed: 07/19/2019 01:16:43

Edit Tag N2292

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

This edit is skipped if any of the following conditions is true:

- 1.Diagnosis date < 2016 or empty (unknown) or greater than 2018.
- 2.Tumor Size Summary is empty.

If Tumor Size Summary is coded 998, primary site must be coded C199, C209, C180, C182-C189, C150-C155, C158, C159, C160-C166, C168, C169, C340-C343, C348, C349, C500-C506, C508, C509. (Sites listed in NAACCR Data Dictionary)

**Administrative Notes**

New edit for v16

Modifications

NAACCR v18

- Description updated, C180 added to list of sites where tumor size can be coded 998

NAACCR v18D

- Description, logic modified, pass if diagnosis year > 2018

**Tumor Size Summary, TNM Clin/Path T (COC)**

Agency: COC

Last changed: 05/17/2018 21:23:49

Edit Tag N2293

**Type of Report Srce (AO), Date of Dx (SEER IF02)*****Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the following conditions is true:

- 1.Diagnosis date < 2016 or > 2017, blank (unknown), or invalid.
- 2.Type of Reporting Source = 7 (Death Certificate Only)
- 3.Behavior Code ICD-O-3 = 0 (benign) or 1 (borderline)
- 4.Both TNM Clin T and TNM Path T are blank or 88
- 5.Tumor Size Summary is blank.

If Tumor Size Summary is coded 000, both TNM Clin T and TNM Path T must be coded 0, or one of

them must be coded 0 and the other must be empty.

If both TNM Clin T and TNM Path T are coded 0, Tumor Size Summary must be coded 000.

***Administrative Notes***

New edit for v16

Modifications

NAACCR v18

- Description, logic updated to skip if diagnosis date > 2017

**Type of Report Srce (AO), Date of Dx (SEER IF02)**

Agency: SEER

Last changed: 02/12/2014

Edit Tag N0017

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if either Date of Diagnosis or Date of Last Contact is blank,

If the Type of Reporting Source specifies an autopsy only case (Type of Reporting Source = 6), the month and year of Date of Last Contact must equal the month and year of Date of Diagnosis.

***Administrative Notes***

In the SEER\*Edits software, the title of this edit is: IF02

**Type of Report Srce(DC/AO), Vit Stat (COC)**

## Modifications:

NAACCR v11.2

7/2007

Edit was modified to compare Date of Last Contact to Date of Diagnosis using month and year instead of entire date.

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

NAACCR v12

- Edit name changed from "Type of Report Srce(DC/AO), Date of Dx (SEER IF02)" to "Type of Report Srce (AO), Date of Dx (SEER IF02)".
- Deleted logic that requires the month and year of Date of Last Contact to equal the month and year of Date of Diagnosis for death certificate only case.
- Modified to use the date format of CCYYMMDD and the new interoperability date functions and rules.
- The edit will be skipped either date is blank.

NAACCR v14A

- Error message updated to read "CCYYMM" instead of "CCYY"

**Type of Report Srce(DC/AO), Vit Stat (COC)**

Agency: COC

Last changed: 07/24/1999

*Edit Tag* N0405***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

This edit is skipped if any of the single field edits for Type of Reporting Source or Vital Status have failed.

If the Type of Reporting Source specifies a death certificate only case (7) or an autopsy only case (6), the Vital Status of the patient must specify dead (0).

**Type of Reporting Source (SEER RPRTSRC)**

Agency: SEER

Last changed: 09/16/2014

*Edit Tag* N0019***Edit Sets***

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
|---------------|--------------|-------------|



**Ulceration, Date DX (NAACCR)**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

Must be a valid Type of Reporting Source code (1-8).

## Codes

- 1 Hospital inpatient; Managed health plans with comprehensive, unified medical records
- 2 Radiation Treatment Centers or Medical Oncology Centers (hospital-affiliated or independent)
- 3 Laboratory only (hospital-affiliated or independent)
- 4 Physician's office/private medical practitioner (LMD)
- 5 Nursing/convalescent home/hospice
- 6 Autopsy only
- 7 Death certificate only
- 8 Other hospital outpatient units/surgery centers

**Administrative Notes**

Modifications:

NAACCR v15

- Added code definitions to edit description

**Ulceration, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

Edit Tag N2701

**Edit Sets**

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

**Description**

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnose

2. Must be a valid Ulceration code or blank:

- 0: Ulceration not identified/not present
- 1: Ulceration present
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record
  - Cannot be determined by the pathologist
  - Pathology report does not mention ulceration
  - Ulceration not assessed or unknown if assessed

Another edit, Ulceration, Schema ID, Required (NAACCR), checks that the item is

**Ulceration, Schema ID, Required (MCR/NAACCR)**

coded by Schema ID if required by a standard setter. This data item is required for EOD Derived Stage Group.

***Administrative Notes***

New edit - NAACCR v18 metafile

**Ulceration, Schema ID, Required (MCR/NAACCR)**

Agency: NONE

Last changed: 04/09/2019 11:32:22

*Edit Tag* MA2967

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Ulceration is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

This data item is required for EOD Derived Stage Group.

Required for Schema ID:

00470: Melanoma of Skin

***Administrative Notes***

New edit - NAACCR v18 metafile

18C: MCR modification is to apply the edit 2019+ instead of 2018+ because SEER standards apply to us 2019+.

Unknown Site, Laterality (SEER IF138)

## Unknown Site, Laterality (SEER IF138)

Agency: SEER

Last changed: 06/27/2008

*Edit Tag* N0407

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

This edit verifies that an unknown Primary Site (C809) has a Laterality of 0.

### *Administrative Notes*

In the SEER\*Edits software, the title of this edit is: IF138

Modifications:

NAACCR v11.3

6/2008

Updated Administrative Notes with the title of the corresponding edit in the SEER\*Edits software.

## Visceral and Parietal Pleura Invasion, Lung, EOD Primary Tumor (SEER)

Agency: SEER

Last changed: 04/03/2019 14:28:04

*Edit Tag* N3062

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

Purpose: This edit verifies that Visceral and Parietal Pleura Invasion SSDI is coded consistently with EOD Primary Tumor for Lung.

1. This edit is skipped if any of the following conditions is true:

- Year of Date of Diagnosis is less than 2019, blank (unknown), or invalid
- Schema ID is not 00360
- Visceral and Parietal Pleura Invasion is blank or 8 (not applicable)
- EOD Primary Tumor is blank

2. If Visceral and Parietal Pleura Invasion = 1 (PL1), 2 (PL2), 4 (invasion

**Visceral and Parietal Pleura Invasion, Lung, Summary Stage 2018 (MCR/NAACCR)**  
of visceral pleura), or 6 (invasion of pleura NOS)  
then EOD Primary Tumor must = 450-700 (PL1 or PL2 or higher), or 999  
(unknown extension)

3. If Visceral and Parietal Pleura Invasion = 3 (PL3)  
then EOD Primary Tumor must = 500-700 (PL3 or higher) or 999 (unknown  
extension)

## ***Administrative Notes***

New edit - NAACCR v18C metafile

# **Visceral and Parietal Pleura Invasion, Lung, Summary Stage 2018 (MCR/NAACCR)**

Agency: NONE

Last changed: 04/15/2019 21:19:36

*Edit Tag* MA6063

## ***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

## ***Description***

Purpose: This edit verifies that Visceral and Parietal Pleura Invasion SSDI is coded consistently with Summary Stage 2018 for Lung.

- This edit is skipped if any of the following conditions is true:
  - Year of Date of Diagnosis is less than 2018, blank (unknown), or invalid
  - Schema ID is not 00360
  - Visceral and Parietal Pleura Invasion is blank or 8 (not applicable)
  - Summary Stage 2018 is blank
- If Visceral and Parietal Pleura Invasion = 1 (PL1), 2 (PL2), 3 (PL3), 4 (invasion of visceral pleura), or 6 (invasion of pleura NOS)  
then Summary Stage 2018 must = not = 0, 1, or 3 (in situ, local, regional by nodal involvement only)

**Visceral and Parietal Pleural Invasion, Date DX (NAACCR)*****Administrative Notes***

New edit - NAACCR v18C metafile

MCR modification is to skip pre-2018 instead of pre-2019.

**Visceral and Parietal Pleural Invasion, Date DX (NAACCR)**

Agency: NAACCR

Last changed: 05/02/2018 19:10:29

*Edit Tag* N2671

***Edit Sets***

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

***Description***

The edit is skipped if Date of Diagnosis is blank (unknown), or invalid.

1. This data item must be blank for pre-2018 diagnoses.

2. Must be a valid Visceral and Parietal Pleural Invasion code or blank:

- 0: No evidence of visceral pleural invasion, not identified  
Tumor does not completely traverse the elastic layer of the pleura  
Stated as PL0
- 1: Invasion of visceral elastic layer  
Not beyond visceral pleura  
Stated as PL1
- 2: Invasion outside surface of the visceral pleura  
Invasion through outer surface of the visceral pleura  
Stated as PL2
- 3: Tumor invades into or through the parietal pleura OR chest wall  
Stated as PL3
- 4: Invasion of visceral pleura present, NOS; not stated if PL1 or PL2
- 6: Tumor extends to pleura, NOS; not stated if visceral or parietal
- 8: Not applicable: Information not collected for this case
- 9: Not documented in medical record  
No surgical resection of primary site is performed  
Visceral and Parietal Pleural Invasion not assessed or unknown if assessed  
or cannot be determined

Another edit, Visceral and Parietal Pleural Invasion, Schema ID, Required (NAACCR), checks that the item is coded correctly by Schema ID if required by a standard setter.

***Administrative Notes***

New edit - NAACCR v18 metafile

Visceral and Parietal Pleural Invasion, Schema ID, Required (MCR/NAACCR)

## Visceral and Parietal Pleural Invasion, Schema ID, Required (MCR/NAACCR)

Agency: NONE

Last changed: 04/09/2019 11:27:36

*Edit Tag* MA2872

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |
| OfficeScan18D   | MA0358       | NONE        |

### *Description*

- The edit is skipped for any of the following conditions:
  - Date of Diagnosis pre-2019, blank (unknown), or invalid.
  - Schema ID is blank.
  - Type of Reporting Source = 7 (Death Certificate Only)
- This edit verifies that Visceral and Parietal Pleural Invasion is not "8" (not applicable) and not blank for the Schema IDs for which it is required by a standard setter.

Required for Schema ID:

00360: Lung

### *Administrative Notes*

New edit - NAACCR v18 metafile

18C: MCR modification is to apply the edit 2019+ instead of 2018+ because SEER standards apply to us 2019+.

## Vital Status (COC)

Agency: COC

Last changed: 04/12/2007

*Edit Tag* N0090

### *Edit Sets*

| Edit Set Name   | Edit Set Tag | Agency Code |
|-----------------|--------------|-------------|
| HospitalScan18D | MA0356       | NONE        |

**Vital Status (COC)**

| Edit Set Name | Edit Set Tag | Agency Code |
|---------------|--------------|-------------|
| OfficeScan18D | MA0358       | NONE        |

***Description***

Must be a valid Vital Status code (0,1).

***Administrative Notes***

This edit differs from the SEER edit of the same name in that the Vital Status code used to indicate "dead" = 0. SEER uses a code of 4 in Vital Status to indicate "dead".